ASSESSMENT, TREATMENT AND RELATED SERVICES AVAILABLE TO YOUNG OFFENDERS IN PRINCE EDWARD ISLAND

This inventory produced as an activity
of the Youth Court Clinic Project

Community and Correctional Services
Department of Justice and Attorney General

December, 1989

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INTRODUCTION

This inventory was produced as an activity of the "Youth Court Clinic Project" for the purpose of providing information on assessment, treatment and related community support programs available on Prince Edward Island to meet the special needs of adolescents who become involved with the youth justice system. The inventory should be a valuable reference for staff of the Community and Correctional Services Division in promoting greater awareness of and familiarization with available resources in the community and may be of assistance to staff of other agencies/services who work with troubled adolescents. In addition to a wide circulation within Community and Correctional Services, a copy of the "inventory" is being provided to the various services profiled in it. It will also be made available on request to other interested individuals, agencies and organizations through Island Information Services.

The inventory is divided into three sections, namely, Section "A" - Assessment Services; Section "B" - Treatment Services; and Section "C" - Related Community Support Programs/Services. A number of resources are included in two sections, usually under "assessment services" and "treatment services" since an agency undertaking assessments generally provides treatment services in a particular area of specialization. Each section profiles agencies/organizations that provide a range of services including: addictions; family/social services; mental health services; and education, employment, occupational training and life skills programs.

The "Table of Contents" is provided to assist in the location of a service within the inventory. Each page provides a brief description of a particular agency/organization; the services it provides; a contact person; eligibility criteria; referral process to be followed; specific limitations or restrictions; as well as other relevant information.

The Coordinator of the "Youth Court Clinic Project" was responsible for the research and documentation of this inventory. Information presented is current to December, 1989. Efforts were made to identify and contact all individuals, agencies and organizations on Prince Edward Island that provide assessment, treatment and related services are available to adolescents; however, some may have been missed.

ACKNOWLEDGEMENTS

The "Youth Court Clinic Project" and thus this inventory of resources was made possible with the financial assistance of the federal Department of Justice. Sincere appreciation is extended to the many individuals who took the time to provide and verify the information presented. Also, a word of thanks to all those individuals, including members of the project Steering Committee, who assisted in this work and the various other initiatives of the "Youth Court Clinic Project".

Finally, a special thank you to Nancy Carew who assisted in the verification of the information presented and the typing of this document.

December, 1989

Alan Paquet, Coordinator
Youth Court Clinic Project

SECTION A - ASSESSMENT SERVICES

SPECIALIZATION/EXPERTISE:
Assessment and treatment of chemical dependency

NAME: Prince County Addiction Services

ADDRESS: 216 Schurman Ave.
Summerside, P.E.I. C1N 4W6

CONTACT: Mike Fitzpatrick, Supervisor
Rehabilitation Program
or
Bill MacKinnon,
Rehabilitation Counsellor

TELEPHONE: 436-4201; 436-7213 (Detoxification Unit)

AGE RANGE: Adolescent/Adult

GENDER: Male and female

AREA SERVED: Prince County

REFERRAL SOURCES: Self; families; hospitals; Social Services; Highway Safety; Dept. of Justice; employers; schools; etc.

APPROPRIATE CLIENT: Adolescents/adults who exhibit symptoms of chemical dependency (i.e. abuse/misuse of alcohol, drugs and/or other mood altering substances); and their families.

TYPES(S) OF ASSESSMENTS: Medical, psycho-social assessments focusing on abuse/misuse of alcohol, drugs and/or other mood altering substances; drug screening, etc.

NATURE OF ASSESSMENTS: Primarily outpatient; however, inpatient where deemed appropriate by Addictions personnel.

WAITING PERIOD: 1-2 weeks

CAPACITY: No limit placed on number of assessments

TIME PERIOD REQUIRED TO COMPLETE ASSESSMENTS: 3 weeks maximum from time of referral.

REFERRAL GUIDELINES/ADMISSION CRITERIA:
1) an indication of abuse/misuse of alcohol, drugs and/or other mood altering substances;
2) persons exhibiting violent or aggressive behaviour or severe physical or psychiatric disorders should be assessed by a physician initially;
3) persons must be physically and mentally capable of participating in the assessment process.
4) continued use of alcohol, drugs or other mood altering substances or persistent lack of cooperation will hinder the assessment and subsequent treatment process.

ADDITIONAL LIMITATIONS/RESTRICTIONS: Prior to admission to Detoxification Unit, Rehabilitation Program or Halfway House (St. Eleanors) client must be assessed by Addictions Staff; admissions are at the discretion of Addiction Services personnel.

COST TO CLIENT/REFERRAL AGENCY: Nil

NOTE: For information regarding meetings of Alcoholics Anonymous, Narcotics Anonymous, Al-Ateen, Adult Children of Alcoholics, and Alanon in the area, please contact this service.

SPECIALIZATION/EXPERTISE: Assessment and treatment of chemical dependency and co-dependency.

NAME: Alcohol and Drug Problems Institute

ADDRESS: P.O. Box 1832, Charlottetown
P.E.I. C1A 7N5

CONTACT: Greg MacKinnon/
Ken Tierney

TITLE: Addiction Therapists

TELEPHONE: 566-3643; 892-0461

AGE RANGE: 12 - 18
(note: if over 18 years of age, assessments undertaken at Queens County Addiction Services)

GENDER: Male and female

AREA SERVED: Queens County

REFERRAL SOURCES: Self; families; schools; employers; hospitals; Social Services; Dept. of Justice; etc.

APPROPRIATE CLIENT: Adolescent exhibiting symptoms of chemical dependency (i.e. abuse/misuse of alcohol, drugs and/or other mood altering substances); and their families. Adolescents affected by parental chemical dependency.

TYPES(S) OF ASSESSMENTS: Assessments of chemical dependency (i.e. abuse/addiction to alcohol, drugs and/or other mood altering substances). Also assessments of co-dependency.

NATURE OF ASSESSMENTS: Primarily outpatient; inpatient where warranted.

WAITING PERIOD: Nil

CAPACITY: No limit placed on number of assessments

TIME PERIOD REQUIRED TO COMPLETE ASSESSMENTS: Within two weeks of referral.

REFERRAL GUIDELINES/ADMISSION CRITERIA: Adolescent must exhibit symptoms of having a problem with alcohol, drugs and/or other mood altering substances or presenting problems related to parental chemical dependency.

ADDITIONAL LIMITATIONS/RESTRICTIONS: Continued use of alcohol, drugs or other mood altering substances or persistent lack of cooperation will hinder the assessment and subsequent treatment process.

COST TO CLIENT/REFERRAL AGENCY: Nil

NOTE: For information regarding meetings of Alcoholics Anonymous, Narcotics Anonymous, Al-Ateen, Adult Children of Alcoholics, and Al-Anon in the area, please contact this service.

SPECIALIZATION/EXPERTISE: Assessment and treatment of chemical dependency

NAME: Kings County Addiction Services Inc.

CONTACT: Patricia LeClair

ADDRESS: 169 Breakwater Street, P.O. Box 1000
Souris, P.E.I. C0A 1B0

TITLE: Executive Director

TELEPHONE: 687-2150

AGE RANGE: 16 and up

GENDER: Male and female

AREA SERVED: Kings County, but will consider referrals from other areas

REFERRAL SOURCES: Self; families; hospitals; Social Services; Highway Safety; Dept. of Justice; employers; schools; etc.

APPROPRIATE CLIENT: Individuals exhibiting symptoms of chemical dependency (i.e. abuse/addiction to alcohol, drugs and/or other mood altering substances; and their families.

TYPES(S) OF ASSESSMENTS: Assessments of chemical dependency (i.e. abuse/addiction to alcohol, drugs and/or other mood altering substances). A total assessment is compiled including family, education, employment, legal background, etc. in order to obtain overall picture of client.

NATURE OF ASSESSMENTS: Both in and out patient as deemed necessary by Addictions personnel

WAITING PERIOD: A few days at most

CAPACITY: No limit placed on number of assessments; 12 inpatient beds available

TIME PERIOD REQUIRED TO COMPLETE ASSESSMENTS: Approximately one week.

REFERRAL GUIDELINES/ADMISSION CRITERIA:
- Ideally the individual is required to make a personal commitment;
- If the individual has any other problems, i.e. psychiatric, this is to be addressed prior to treatment;
- Client/patient must be willing to follow rules/guidelines.

ADDITIONAL LIMITATIONS/RESTRICTIONS: - serious behavioral/attitudinal problems by the client limit services which can be provided and should be addressed prior to referral.

Note: presently a "rehabilitation program" is not available through King's County Addiction Services Inc. but it is currently being developed.

COST TO CLIENT/REFERRAL AGENCY: nil

NOTE: For information regarding meetings of Alcoholics Anonymous, Narcotics Anonymous, Al-Ateen, Adult Children of Alcoholics, and Alanon in the area, please contact this service.

SPECIALIZATION/EXPERTISE: Child Protection Assessments/ Services; Financial Assistance Programs and other services including individual and family counselling, etc.

NAME: Child and Family Services
Dept. of Health and Social Services

ADDRESS: West Prince - Regional Services Centre, P.O. Box 8, O'Leary, COB 1VO
East Prince - 290 Water St., Summerside, C1A 1B8
Queens - MacMillan Bldg., Haviland St., P.O. 2000, Charlottetown, C1A 7N8
Southern Kings - Regional Services Centre, P.O. Box 1500, Montague, COA 1RO
Eastern Kings - Regional Services Centre, P.O. Box 550, Souris, COA 2BO
CONTACT: Intake Worker at appropriate regional office.

TELEPHONE: O'Leary: 859-2400 Montague: 838-2992
Summerside: 436-7294 Souris: 687-3022
Charlottetown: 368-5330

AGE RANGE: All ages **GENDER:** Male and female

AREA SERVED: Province through a network of regional offices.

REFERRAL SOURCES: Self; parents; community agencies/services; public health; schools; physicians and other sources.

APPROPRIATE CLIENT:
1. Child considered "in need of protection" (see definition on reverse) under terms of the Family and Child Services Act;
2. Individuals/families in need of financial assistance/support;
3. Physically/mentally disabled in need of counselling/retraining;
4. Youth with speech/hearing problems;
5. Youth in need of counselling, education and/or training.

TYPES(S) OF ASSESSMENTS: Child protection assessments; assessments of financial need, etc.

NATURE OF ASSESSMENTS: Outpatient/community based; however, group home facilities could be made available temporarily in situations where youth are assessed to be in crises, in need of protection, etc.

WAITING PERIOD: 1-2 weeks in non-emergency situations; immediate if emergency services are required.

TIME PERIOD REQUIRED TO COMPLETE ASSESSMENTS: Varies from 1-2 weeks

REFERRAL GUIDELINES/ADMISSION CRITERIA: The referring source must have "reasonable and probable grounds" to believe the child is in need of protection and provide the information to a worker within the Division. If aware of a situation where a child is being neglected or abused, then required by law to inform the Division through the appropriate regional office or after hours by calling: Toll free 1-566-1122.

ADDITIONAL LIMITATIONS/RESTRICTIONS: Generally most services provided by the Division to adolescents would only be available if the child/youth was "considered in need of protection" under the terms of the Family and Child Services Act.

COST TO CLIENT/REFERRAL AGENCY: Nil

child in need of protection

3 For the purposes of this Act, a "child in need of protection" is a child

(h) who is not receiving proper care, education, supervision, guidance or control;

(i) whose parent is unable or unwilling to care for the child, or whose behaviour or way of life creates a danger for the child;

(k) who has been physically abused, neglected or sexually exploited or is in danger of consistently threatening behaviour;

(l) who is forced or induced to do work disproportionate to his strength or to perform for the public in a manner that is unacceptable for his age;

(k) whose behavior, condition, environment or associations is injurious or threatens to be injurious to himself or others;

(l) for whom the parent or person in whose custody he is neglects or refuses to provide or obtain proper medical or surgical care or treatment necessary for his health and well-being where it is recommended by a duly qualified medical practitioner;

(l) whose emotional or mental health and development is endangered or is likely to be endangered by the lack of affection, guidance and discipline or continuity of care in the child's life;

(k) for whom the parent or person in whose custody he is neglects, refuses or is unable to provide the services and assistance needed by the child because of the child's physical, mental or emotional handicap or disability;

(l) who is living in a situation where there is severe domestic violence;

(l) who is beyond the control of the person caring for him;

(k) who is living apart from his parents without their consent; or

(l) who is pregnant and refuses or is unable to provide properly and adequately for the health and welfare needs of herself and her child both before and after the birth of her child. 1981,c.12,s.1; 1983,c.33,s.66 (*eff. Nov. 1/83*); 1985,c.47,s.23 (*eff. Sept. 1/85*).

FOCUS OF SERVICE/MANDATE: To strengthen family life through providing counselling and supportive services to individuals and families.

NAME: Prince County Family Services Bureau

CONTACT: Sister Mary Deighan

ADDRESS: 277 Notre Dame Street
P.O. Box 1648
Summerside, P.E.I.
C1N 2V5

TITLE: Executive Director

TELEPHONE: 436-9171

AGE RANGE: all ages

GENDER: Male and female

AREA SERVED: Prince County

REFERRAL SOURCES: Individuals; families; clergy; physicians; schools; and other sources.

APPROPRIATE CLIENT: Individuals and families requiring a range of services including counselling; emergency financial assistance; transportation (limited); clothing; etc.

TYPES(S) OF ASSESSMENTS: Depends on nature of services required; however, an assessment of the problem, including level of functioning of the individual and/or family is undertaken to determine if assistance and/or support can be provided or referral to another agency is warranted.

NATURE OF ASSESSMENTS: Outpatient/community based.

WAITING PERIOD: Generally the Bureau can service referrals without delay.

TIME PERIOD REQUIRED TO COMPLETE ASSESSMENTS: Depends upon the problem and/or nature of the service required; however, generally this period is brief.

REFERRAL GUIDELINES/ADMISSION CRITERIA: The Bureau responds to all calls or referrals and either provides direct service or makes referral to an appropriate agency.

ADDITIONAL LIMITATIONS/RESTRICTIONS: Contact the Executive Director or another counsellor to determine if the Bureau can assist and what, if any, restrictions apply to certain services offered.

COST TO CLIENT/REFERRAL AGENCY: Nil

SPECIALIZATION/EXPERTISE: Family counselling; family life education; parenting and youth programs; family advocacy

NAME: Catholic Family Services Bureau

CONTACT: Sister Mary Power

ADDRESS: 129 Pownal Street
P.O. Box 698
Charlottetown, P.E.I. C1A 7L3

TITLE: Executive Director

TELEPHONE: 894-8591

AGE RANGE: All ages

GENDER: Male and female

AREA SERVED: Province.

REFERRAL SOURCES: All sources.

APPROPRIATE CLIENT: Individuals, parents and families requiring counselling, support and/or education/information on family life issues.

TYPES(S) OF ASSESSMENTS: Psychosocial; family; assessment of parenting skills.

NATURE OF ASSESSMENTS: Outpatient/community-based.

WAITING PERIOD: Initial appointment within one week of referral.

TIME PERIOD REQUIRED TO COMPLETE ASSESSMENTS: Depends upon nature of assessment; usually within 2-4 weeks.

REFERRAL GUIDELINES/ADMISSION CRITERIA: No restrictions; however, referrals to be discussed with Executive Director.

ADDITIONAL LIMITATIONS/RESTRICTIONS: None.

COST TO CLIENT/REFERRAL AGENCY: There is a "fee for service" for some programs/services, mostly educational programs, i.e. effective parenting courses, etc. For further information contact Executive Director.

SPECIALIZATION/EXPERTISE: Individual, marital and family assessments/counselling; family mediation; educational services on family life issues.

NAME: Protestant Family Service Bureau

CONTACT: Greg Beranger, Executive Director or Colin Campbell, Counsellor.

ADDRESS: 216 Queen Street,
P.O. Box 592
Charlottetown, P.E.I. C1A 7L1

TELEPHONE: 892-2441 or 892-2442

AGE RANGE: All ages

GENDER: Male and female

AREA SERVED: Province

REFERRAL SOURCES: Mental Health; Physicians; Addictions; Courts; Probation; Parole; Social Services; Clergy; Transition House, etc.

APPROPRIATE CLIENT: Adolescents and/or adults who could benefit from individual, family and/or group counselling/therapy (social work orientation) for family dysfunction, domestic violence, behavioral problems, sexual dysfunction, etc.

TYPES(S) OF ASSESSMENTS: Family dysfunction; marital problems; behavioral problems (child and adolescent); assessment of abusers/batters (domestic violence).

NATURE OF ASSESSMENTS: Outpatient/community-based.

WAITING PERIOD: 1-4 weeks

TIME PERIOD REQUIRED TO COMPLETE ASSESSMENTS: 2 weeks

REFERRAL GUIDELINES/ADMISSION CRITERIA: For information on the range of programs and services provided, contact the Executive Director.

ADDITIONAL LIMITATIONS/RESTRICTIONS: Unable to assess and/or treat persons with mental illness or organic problems.

COST TO CLIENT/REFERRAL AGENCY: Dependent upon the service required. Contact the Executive Director to determine current "sliding fee scale" for services.

PROCESS FOR SECURING FUNDING/RECOVERY OF COSTS: The client and/or referral agency is responsible for payment of fees; however, fees are negotiable and no person will be refused service because of inability to pay.

SPECIALIZATION/EXPERTISE:
Individual and family assessments

NAME: MacDonald's Family Counselling Inc.

CONTACT: Ernest MacDonald

ADDRESS: 179 Queen Street
Charlottetown, P.E.I. C1A 4B4

TITLE: President

TELEPHONE: 566-1735

AGE RANGE: All ages

GENDER: Male and female

AREA SERVED: Province

REFERRAL SOURCES: Self; family; various professionals; community agencies; etc.

APPROPRIATE CLIENT: Individuals and families who have emotional and/or social problems.

TYPES(S) OF ASSESSMENTS: Individual (psychosocial) and family assessments.

NATURE OF ASSESSMENTS: Outpatient.

WAITING PERIOD: Nil

CAPACITY: Two social workers available.

TIME PERIOD REQUIRED TO COMPLETE ASSESSMENTS: Depends on nature and exent of assessment required.

REFERRAL GUIDELINES/ADMISSION CRITERIA:
A telephone call to discuss referral and set up appointment.

ADDITIONAL LIMITATIONS/RESTRICTIONS: Nil

COST TO CLIENT/REFERRAL AGENCY: $60.00 per hour (note: subject to change).

PROCESS FOR SECURING FUNDING/RECOVERY OF COSTS:
The client or referral source is responsible for payment of fees.

SPECIALIZATION/EXPERTISE:
Psychiatric, psychological, psycho-social assessments; also, on a pilot basis a "Child and Adolescent Assessment/Consultation Service" by a multidisciplinary mental health team for complicated and difficult emotional and behavioural problems.

NAME: Community Mental Health Services
Dept. of Health & Social Services

CONTACT: Prince - David Henry
Program Director
Queens - Emmett Bradley
Program Director
Kings - Randall Fletcher
Program Director

ADDRESS: Prince Co. - 205 Linden Ave., Summerside, C1N 2K4
Queens Co. - Richmond Centre, P.O. Box 2000
197 Richmond Street
Charlottetown, C1A 7N8
Kings Co. - P.O. Box 880, Montague, COA 1RO

TELEPHONE: Prince: 436-9124; Queens: 368-4430; Kings: 838-4094

AGE RANGE: All ages; however, the pilot "Child and Adolescent Assessment/Consultation Service" is restricted to children and adolescents.

GENDER: Male and female

AREA SERVED: Province through appropriate clinic.

REFERRAL SOURCES: Self, parents, physicians, hospitals, other agencies, etc. Referrals to the "Child and Adolescent Assessment/Consultation Service" can be made by any professional, agency or family.

APPROPRIATE CLIENT: Individuals and families who appear to have a social, behavioural, emotional, mental or cognitive dysfunction which impedes the ability to function within work, social and/or family relationships.
Appropriate cases for the "Child and Adolescent Assessment/Consultation Service" are children adolescents who demonstrate emotional/behavioural problems that require an indepth assessment through a multidisciplinary mental health team.

TYPES(S) OF ASSESSMENTS:
- psychiatric; psychological; personality; psycho-social assessments;
- clinical assessments of social, behavioural, emotional or cognitive dysfunction;
- on a pilot basis, in depth assessments by a multidisciplinary mental health team where emotional or behavioural problems displayed are complicated, difficult or of longstanding nature.

NATURE OF ASSESSMENTS: Out-patient

.../2

WAITING PERIOD: Varies with nature of assessment required and demands on clinic; usually initial appointment within 3-4 weeks.

TIME PERIOD REQUIRED TO COMPLETE ASSESSMENTS: Varies with client and type of assessment required; maximum of 4 appointments to complete an initial assessment. Indepth assessments by the multidisciplinary mental health team will require approximately 4 weeks following receipt of referral.

REFERRAL GUIDELINES/ADMISSION CRITERIA:
- nature and purpose of the assessment should be identified;
- all referrals should be made to program director and will then follow an intake system.

ADDITIONAL LIMITATIONS/RESTRICTIONS: Referrals to the "Child and Adolescent Assessment Consultation Service" (pilot program) will be screened by the Program Director of the appropriate regional mental health clinic.

COST TO CLIENT/REFERRAL AGENCY: Nil

SPECIALIZATION/EXPERTISE: Assessment and treatment of psychiatric illness and behavioral disorders in adolescents and adults

NAME: Hillsborough Hospital and Special Care Centre

CONTACT: Dr. P. Forsythe

ADDRESS: P.O. Box 4000
Charlottetown, P.E.I.
C1A 7P3

TITLE: Physician in Chief

TELEPHONE: 368-5400

AGE RANGE: 11 and up

GENDER: Male and female

AREA SERVED: Province

REFERRAL SOURCES: Psychiatrists; family physicians; hospitals; nursing homes; courts; youth services; etc.

APPROPRIATE CLIENT: Individuals diagnosed as suffering from a psychiatric illness or needing assessment for same or person requiring residential care for their own or other's protection.

TYPES(S) OF ASSESSMENTS: Assessment for diagnosis, treatment and prognosis of psychiatric illness; also assessment of behavioral disorders in adolescents (refer to separate profile on Adolescent Unit).

NATURE OF ASSESSMENTS: Primarily in-patient.

WAITING PERIOD: Adolescent Services: 2-3 months.
Psychiatry: varies although Court Orders for examination are dealt with expediently.

CAPACITY:
Adolescent Unit - 12 beds (6 male and 6 female)
General Hospital - 27 active treatment beds; 15 pre-discharge beds.

TIME PERIOD REQUIRED TO COMPLETE ASSESSMENTS: On average 2-4 weeks.

REFERRAL GUIDELINES/ADMISSION CRITERIA:
Hillsborough Hospital accepts referrals from individual professionals and agencies. Admission depends upon medical advice.

ADDITIONAL LIMITATIONS/RESTRICTIONS: Nil

COST TO CLIENT/REFERRAL AGENCY: None to client; however, fees for "one to one" staffing may be charged for services beyond those normally required. In such situations prior approval at the Director's level is necessary.

SPECIALIZATION/EXPERTISE: Assessment/treatment of severe behavioral or psychiatric problems (not severe)

NAME: Adolescent Unit
Hillsborough Hospital

CONTACT: Jordan Hill, M.S.W

ADDRESS: P.O. Box 4000
Charlottetown, P.E.I.
C1A 7P3

TITLE: Unit Social Worker

TELEPHONE: 368-5400, ext. 218

AGE RANGE: 12 -18 years

GENDER: Male and female

AREA SERVED: Province

REFERRAL SOURCES: Parents; Social Services; Community Mental Health; Physicians; Psychiatrists; Youth Courts; Justice Staff; other service providers, etc.

APPROPRIATE CLIENT: Clients exhibiting severe behavioral or psychiatric problems (not severe)

TYPES(S) OF ASSESSMENTS: Psychiatric assessment by unit psychiatrist in conjunction with a psycho-social assessment conducted by unit social worker.

NATURE OF ASSESSMENTS: Out-patient

WAITING PERIOD: Approximately 6-8 weeks

CAPACITY: 2-3 assessments per month

TIME PERIOD REQUIRED TO COMPLETE ASSESSMENTS: Approximately 3-4 weeks following initial appointment.

REFERRAL GUIDELINES/ADMISSION CRITERIA:
- all reasonable alternatives should be explored;
- a need for residential treatment must be indicated;
- all referrals should be made to the Unit Social Worker;
- candidates should be between 12-18 years of age;
- except in the case of a Court Order or ward of the Director of Child Welfare, consents must be obtained by the referral source;
- referral documents, including school records, social history or some such report outlining history and family circumstances, psychological and achievement tests if available should be forwarded in advance of initial appointment;
- relevant medical reports if available and appropriate;
- if applicable, copy of Court Order, Wardship Order or Voluntary Care Agreement required in advance of the assessment.

ADDITIONAL LIMITATIONS/RESTRICTIONS: 1. Assessments generally restricted to adolescents being considered for admission. 2. Adolescents are assessed and placed on the waiting list on a "first come, first serve basis".

COST TO CLIENT/REFERRAL AGENCY: Nil

SPECIALIZATION/EXPERTISE: Psychiatric Assessments

NAME: Psychiatric Unit
Prince County Hospital

CONTACT: Family Physicians
or Dr. Triantafillou,
Unit Psychiatrist

ADDRESS: 259 Beattie Avenue
Summerside, P.E.I. C1N 2A9

TELEPHONE: 436-9131

AGE RANGE: All ages

GENDER: Male and female

AREA SERVED: Prince County

REFERRAL SOURCES: Self; family; Community Mental Health; Social Services; Addictions; Physicians and other sources.
NOTE: admission must be made by a physician or psychiatrist.

APPROPRIATE CLIENT: Individuals with mental health problems/emotional disorders who are unable to cope at home or in the community.

TYPES(S) OF ASSESSMENTS: Psychiatric.

NATURE OF ASSESSMENTS: Mostly inpatient; outpatient on occasion.

WAITING PERIOD: Depends on availability of beds;
usually within a few days

CAPACITY: 16 beds

TIME PERIOD REQUIRED TO COMPLETE ASSESSMENTS: Varies with type and degree of illness.

REFERRAL GUIDELINES/ADMISSION CRITERIA: Individuals in crisis and/or experiencing mental illness who are unable to cope at home or in the community can be admitted by a family physician or psychiatrist.

ADDITIONAL LIMITATIONS/RESTRICTIONS: Involuntary admissions not accepted unless with approval of Unit Psychiatrist.

COST TO CLIENT/REFERRAL AGENCY: Nil

SPECIALIZATION/EXPERTISE: Psychiatric assessment and treatment

NAME: Psychiatry Dept. (Unit 9)
Queen Elizabeth Hospital

CONTACT: Dr. Angus Beck

ADDRESS: Riverside Drive
P.O. Box 6000
Charlottetown, P.E.I.
C1A 8T5

TITLE: Head of Psychiatry

TELEPHONE: 566-6115

AGE RANGE: Teens and up

GENDER: Male and female

AREA SERVED: Province

REFERRAL SOURCES: Majority of referrals come from general practitioners, psychiatrists and hospital out-patient departments.

APPROPRIATE CLIENT: Patients diagnosed with psychiatric illness or presumed to have major mental health problems requiring in-patient assessment and/or treatment.

TYPES(S) OF ASSESSMENTS: General medical, nursing, psychiatric, social work, occupational therapy, psychometric and psychological.

NATURE OF ASSESSMENTS: Inpatient.

WAITING PERIOD: There is a waiting period depending on the seriousness of illness/disorder; non-emergency admissions can vary from one to several months.

CAPACITY: 30 beds

TIME PERIOD REQUIRED TO COMPLETE ASSESSMENTS: Varies with type and degree of illness, from 0 - 30 days.

REFERRAL GUIDELINES/ADMISSION CRITERIA: Typical referral route is for individual to consult their physician who seeks admission through a psychiatrist. In an emergency, individual is examined by a physician in out-patients and the psychiatrist on call is consulted prior to admission.

ADDITIONAL LIMITATIONS/RESTRICTIONS: Generally the unit has an adult population thus adolescents do not typically fit in the milieu; however, exceptions are made where necessary.

COST TO CLIENT/REFERRAL AGENCY: Costs as for any hospital admission, thus P.E.I. residents are covered for required services by provincial medicare.

SPECIALIZATION/EXPERTISE: Employment programs and services including assessments, training re-training courses, counselling, and referral to employers.

NAME: Canada Employment Centers
Canada Employment and Immigration Commission

CONTACT: Employment Officer

ADDRESS: For list of addresses and telephone numbers of Canada Employment Centres see reverse.

AGE RANGE: 16 years of age and over

GENDER: Male and Female

AREA SERVED: Province through appropriate office (see reverse).

REFERRAL SOURCES: Self; parents; schools; Social Services; Mental Health; most Provincial Departments; etc.

APPROPRIATE CLIENT: Individuals 16 years of age or over who are available and capable of employment or prepared to be involved in a work related assessment/ decision making process and/or interested in acquiring further training/ employment skills.

TYPES OF ASSESSMENT: Employment related assessments; aptitude/interest assessments; diagnostic assessments; pre-vocational assessments.

WAITING PERIOD: 2-3 week wait to see Employment Counsellor, depending on service requested.

TIME PERIOD REQUIRED TO COMPLETE ASSESSMENTS: Varies with service required; usually within 5 interviews.

REFERRAL GUIDELINES/ADMISSION CRITERIA: Varies with service/program required; an eligibility assessment by an Employment Officer is required for most programs.

ADDITIONAL LIMITATIONS/RESTRICTIONS: Varies with service/program required. Further information can be obtained from an Employment Officer.

COST TO CLIENT/REFERRAL AGENCY: Nil

Canada Employment Centres
P.E.I. Region

CEC O'Leary
West Prince Regional Service Centre
P.O. Box 8
C0B 1V0
Phone# 859-2400
Manager .....Harold Tuck
Employment Counsellor .....Michael Wedge

CEC Summerside
57 Central Street
C1N 3K9
Phone# 436-4021

Manager .....Keith Cooper
Supervisor: Employment Services .....Shirley Pierce
Supervisor: Insurance Services .....Lynn Pridham

CEC Charlottetown
85 Fitzroy Street
P.O. Box 8000
Charlottetown, P.E.I.
C1A 8K1
Phone#566-7781
Manager .....Carol MacDougald
Assistant Manager .....Jim McNally
Supervisor: Counselling Services .....Bob Charlton
Supervisor: Programs .....Peggy Arsenault
Supervisor: Insurance Services .....Doug Graves

CEC Montague
44 Main Street
P.O. Box 580
C0A 1R0
Phone# 838-3315
Manager .....Ron McCaskill
Supervisor: Employment Services.....Corena Cairns
Supervisor: Insurance Services .....Florence MacEwen

CEC Souris
Federal Bldg. 2nd Floor
P.O. Box 40
C0A 2B0
Phone# 687-3161
Manager .....Jim McQuaid
Employment Counsellor .....Paul Hines

SPECIALIZATION/EXPERTISE: Academic and Aptitute Testing; Vocational, post-secondary, upgrading, continuing education programs/courses.

NAME: Holland College **CONTACT:** Dorothy Hicks

ADDRESS: 140 Weymouth Street, Charlottetown, P.E.I. C1A 4Z1 **TITLE:** Registrar

TELEPHONE: 566-9690

AGE RANGE: 16 and over **GENDER:** Male and female

AREA SERVED: Province through various centers; training centers are located in Elmsdale, Ellerslie, Summerside, Charlottetown, Montague and Souris.

REFERRAL SOURCES: All sources

APPROPRIATE CLIENT: Individuals with ability to complete high school who need and personally desire career counselling.

TYPES(S) OF ASSESSMENTS: Academic and aptitude testing.

NATURE OF ASSESSMENTS: Outpatient.

WAITING PERIOD: Depending on demand for services and time of year. **CAPACITY:** Maximum 12 persons

TIME PERIOD REQUIRED TO COMPLETE ASSESSMENTS: 2-5 hours depending on number of tests administered.

REFERRAL GUIDELINES/ADMISSION CRITERIA:
- generally a personal interview with the Registrar is required;
- the individual should have a genuine interest in career counselling since assistance in establishing career plans/goals is provided.

ADDITIONAL LIMITATIONS/RESTRICTIONS: Guidelines/restrictions apply to programs which Holland College offers; check with the Registrar (above) or Student Services Officer (various centers).

COST TO CLIENT/REFERRAL AGENCY: Nil for assessments; however, fees vary according to courses/programs.

SPECIALIZATION/EXPERTISE: Vocational assessments; employment counselling and training.

NAME: Work Adjustment Training Program

CONTACT: Phil Corsi, Coordinator Charlottetown
or Greg MacDonald, Coordinator, Summerside

ADDRESS: 390 University Avenue, Charlottetown or
328 Notre Dame Street, Summerside

TELEPHONE: Charlottetown: 566-2811
Summerside: 436-5739

AGE RANGE: 17 - 65

GENDER: Male and female

AREA SERVED: Charlottetown and Summerside areas

REFERRAL SOURCES: All referrals for vocational assessments, employment counselling and training are to be made by Employment Counsellors, Canada Employment Centers.

APPROPRIATE CLIENT: Unemployed persons with special needs as assessed by employment counsellors with the Canada Employment Centre.

TYPES(S) OF ASSESSMENTS: Vocational assessments including assessment of academic skills, vocational interests/aptitudes, etc.

WAITING PERIOD: 2 - 4 weeks.

CAPACITY: 13 seats in Charlottetown; 11 seats in Summerside.

TIME PERIOD REQUIRED TO COMPLETE ASSESSMENTS: Varies.

REFERRAL GUIDELINES/ADMISSION CRITERIA:
Must be referred by Employment Counsellor with Employment Center.
Must be 17 years of age or age 16 and out of school for one year.
No alcohol/drug abuse for 4-6 months prior to entry.
Must be established in a community living situation.

ADDITIONAL LIMITATIONS/RESTRICTIONS: Further information can be obtained from Coordinator(s).

COST TO CLIENT/REFERRAL AGENCY: Nil; all seats sponsored by Canada Employment; training allowance provided.

SPECIALIZATION/EXPERTISE: Alternative Education program for troubled adolescents.

NAME: Educational Alternatives Program

CONTACT: Mike J. Trainor

ADDRESS: 100 Water Street
Summerside, P.E.I.
C1N 1A9

TITLE: Program Director

TELEPHONE: 436-8615

AGE RANGE: 14 - 18 years

GENDER: Male and female

AREA SERVED: Unit Two School Zone

REFERRAL SOURCES: Dept. of Health and Social Services, Unit II Schools, Probation Services; Youth Centres.

APPROPRIATE CLIENT: Age 14 - 18; potential/actual school dropout; priority given to those in foster care, serving custody disposition or on probation.

TYPES(S) OF ASSESSMENTS: Academic and aptitude testing.

NATURE OF ASSESSMENTS: Community based.

WAITING PERIOD: None at present.

CAPACITY: 12-15 students

TIME PERIOD REQUIRED TO COMPLETE ASSESSMENTS: 2 - 5 days.

REFERRAL GUIDELINES/ADMISSION CRITERIA: Aged 14 - 18; two years below appropriate grade level; minimum grade four in core academic subjects; potential/actual school dropouts; priority given to those in foster care, serving dispositions, or on probation.

ADDITIONAL LIMITATIONS/RESTRICTIONS: N/A.

COST TO CLIENT/REFERRAL AGENCY: Nil.

SPECIALIZATION/EXPERTISE: Educational assessments and services

NAME: Regional Administrative School Units 1-5

Unit 1: Richard Roberts, Assistant Superintendent; Telephone: 853-2013
P.O. Box 57, Elmsdale, P.E.I. COB 1K0
Unit 2: Basil Haire, Student Services Coordinator; Telephone: 436-2194
P.O. Box 2500, Summerside, P.E.I. C1N 4L9
Unit 3: Kathy Pilkington, Special Education Consultant; Telephone: 566-2066
P.O. Box 8600, Charlottetown, P.E.I. C1A 8V7
Unit 4: Sr. Elizabeth Dunn, Assistant Superintendent; Telephone: 838-2944
P.O. Box 700, Montague, P.E.I. COA 1RO
Unit 5: Gabriel Arsenault, Superintendent; Telephone: 854-2975
Abram's Village, Wellington Station, R.R.#3, P.E.I.

AGE RANGE: School age children/youth, i.e. 6-18 **GENDER:** Male and female

AREA SERVED: Province through appropriate administrative school unit which depends upon current or planned residence of the youth and/or family.

REFERRAL SOURCES: Self; parents/legal guardians; principals; guidance counsellors; teachers; Social Services; young offender programs; etc.
Note: actual referral source often depends upon nature of service required.

APPROPRIATE CLIENT: School age children/youth currently attending or personally interested in returning to school.

TYPES(S) OF ASSESSMENTS: Academic/educational achievement level; psychological assessments; assessments of intellectual ability; need for counselling and/or guidance; and, assessments as to appropriate educational placement.

NATURE OF ASSESSMENTS: Individual and/or group assessments of a community-based nature.

WAITING PERIOD: Varies with the nature and type of assessment required.

CAPACITY: Certain programs/services have been established capacities. Consult with the appropriate contact for further information.

TIME PERIOD REQUIRED TO COMPLETE ASSESSMENTS: Varies with the nature and type of assessment(s) undertaken.

REFERRAL GUIDELINES/ADMISSION CRITERIA: Referrals are to be made to the designated contact within the appropriate school unit depending upon the youth's current or planned address. Also, referrals are to be made in accordance with the established "**School Protocol**" approved by the Superintendents of Education and Deputy Minister of Justice. The "protocol" describes the referral process/working relationship between the Regional Administrative School Units and the Community and Correctional Services sion, Department of Justice.

ADDITIONAL LIMITATIONS/RESTRICTIONS: Can vary with capacities of certain programs and workload of personnel. It is important that the youth be personally interested in staying in or returning to school and is prepared to work to the best of his/her ability; be committed to attend regularly; and, conform to established rules and regulations.

COST TO CLIENT/REFERRAL AGENCY: Nil

SECTION B - TREATMENT SERVICES

SPECIALIZATION/EXPERTISE:
Assessment and treatment of chemical dependency

NAME: Prince County Addiction Services **CONTACT:** Mike Fitzpatrick, Supervisor Rehabilitation Program or Bill MacKinnon, Rehabilitation Counsellor

ADDRESS: 216 Schurman Ave.
Summerside, P.E.I. C1N 4W6

TELEPHONE: 436-4201; 436-7213 (Detoxification Unit)

AGE RANGE: Adolescent/Adult **GENDER:** Male and female

AREA SERVED: Prince County

REFERRAL SOURCES: Self; families; hospitals; Social Services; Highway Safety; Dept. of Justice; employers; schools; etc.

APPROPRIATE CLIENT: Adolescents/adults assessed by staff of Prince County Addiction Services as being chemically dependent or found to be encountering problems as a result of misusing alcohol, drugs or other mood altering substances.

TYPE(S) OF TREATMENT PROGRAMS/SERVICES: Primary Care (Detoxification) - this first phase of treatment is designed to provide safe, medical supervised detoxification from all mood altering chemicals. Intermediate Care (Rehabilitation program) - three week long program (a program specific to adolescents is run on demand). Aftercare Program - following completion of rehabilitation program, aftercare is designed to assist the client maintain long-term sobriety and reinforce life-style changes. Each client is assigned to a small group for one year and is, as well, expected to become actively involved in A.A.

NATURE OF TREATMENT PROGRAMS/SERVICES: Primarily out-patient; however, in certain cases inpatient program may be warranted.

DESIGNATED SECURITY LEVEL: Not a secure facility; however, in certain cases, the detoxification unit can be designated as an open custody placement with the approval of the Executive Director.

MINIMUM/MAXIMUM TREATMENT LENGTH: Primary Care (detoxification): 1-3 weeks; Intermediate Care (Rehabilitation program): 3 weeks; Aftercare: 1 year.

WAITING PERIOD: 1-6 weeks depending on program required and urgency of case; the Rehabilitation program for adolescents is run when demand warrants (viz. reaches 8-10 cases); while awaiting such a program, the adolescent is regularly seen by an Addiction Counsellor.

CAPACITY: Detoxification Unit - 17 beds; Rehabilitation Program for Adolescents - 8-10.

REFERRAL GUIDELINES/ADMISSION CRITERIA: 1) admission to the various programs offered follows an assessment by Addictions personnel and is at their discretion; 2) treatment of persons exhibiting violent or aggressive behaviour or severe physical or psychiatric disorders is at the discretion of staff; 3) person must be physically and mentally capable of participation in treatment; 4) treatment of involuntary clients is at the discretion of Addictions personnel.
COST TO CLIENT/REFERRAL AGENCY: Nil

NOTE: For information regarding meetings of Alcoholics Anonymous, Narcotics Anonymous, Al-Ateen, Adult Children of Alcoholics, and Alanon in the area, please contact this service.

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SPECIALIZATION/EXPERTISE: Assessment and treatment of chemical dependency and co-dependency.

NAME: Alcohol and Drug Problems Institute

ADDRESS: P.O. Box 1832, Charlottetown C1A 7N5

CONTACT: Greg MacKinnon/ Ken Tierney

TITLE: Addiction Therapists

TELEPHONE: 566-3643; 892-0461

AGE RANGE: 12 - 18 years (if over 18, treatment provided through Queen's County Addiction Services)

GENDER: Male and female

AREA SERVED: Queens County

REFERRAL SOURCES: Self; families; schools; Social Services; Dept. of Justice; etc.

APPROPRIATE CLIENT: Adolescents assessed as having a chemical dependency or found to be encountering problems as a result of misusing alcohol, drugs, or other mood altering substances. Also, adolescents affected by parental chemical dependency.

TYPE(S) OF TREATMENT PROGRAMS/SERVICES: Detoxification if required; one month Adolescent Rehabilitation Program followed by 6-9 months of aftercare. Two month group counselling program for children of chemically dependent.

NATURE OF TREATMENT PROGRAMS/SERVICES: Primarily outpatient; however, in certain cases inpatient program may be warranted. (discretion of Addictions staff).

DESIGNATED SECURITY LEVEL: Nil

MINIMUM/MAXIMUM TREATMENT LENGTH: 2-10 months

WAITING PERIOD: Normally no waiting period; however, depends on whether program is operating to capacity.

CAPACITY: Adolescent Program - 12; Aftercare Program - 24; Teen Children of Alcoholics Program - 12.

REFERRAL GUIDELINES/ADMISSION CRITERIA: Contact Mr. MacKinnon or Mr. Tierney if adolescent exhibits symptoms of having a problem with alcohol and/or drugs. Assessment must be completed initially.

ADDITIONAL LIMITATIONS/RESTRICTIONS: Continued use of alcohol, drugs or other mood altering substances or a persistent lack of cooperation will result in discharge from the treatment program.

COST TO CLIENT/REFERRAL AGENCY: Nil

NOTE: For information regarding meetings of Alcoholics Anonymous, Narcotics Anonymous, Al-Ateen, Adult Children of Alcoholics, and Al-Anon in the area, please contact this service.

SPECIALIZATION/EXPERTISE: Assessment and treatment of chemical dependency

NAME: Kings County Addiction Services

ADDRESS: 19 Breakwater Street
P.O. Box 100, Souris
P.E.I. COA 1B0

CONTACT: Patricia LeClair

TITLE: Executive Director

TELEPHONE: 687-2150

AGE RANGE: 16 and up

GENDER: Male and female

AREA SERVED: Kings County, but will consider referrals from other areas.

REFERRAL SOURCES: Self; families; hospitals; Social Services; Highway Safety; Dept. of Justice; employers; schools, etc.

APPROPRIATE CLIENT: Individuals exhibiting symptoms of chemical dependency (i.e. abuse/addiction to alcohol, drugs and/or other mood altering substances); and their families.

TYPE(S) OF TREATMENT PROGRAMS/SERVICES:
- detoxification;
- educational programs for clients, families, community and schools;
- follow-up support groups.

Note: in process of developing a Rehabilitation Program.

NATURE OF TREATMENT PROGRAMS/SERVICES: Inpatient or outpatient.

DESIGNATED SECURITY LEVEL: Not a secure facility; however, "open custody" designation could be approved by Executive Director.

MINIMUM/MAXIMUM TREATMENT LENGTH: 5 days - 1 month inpatient; 1 year follow-up.

WAITING PERIOD: Depending upon demand for services; however, usually within a few days.

CAPACITY: 12 inpatient beds (10 male, 2 female); otherwise no restriction in terms of numbers.

REFERRAL GUIDELINES/ADMISSION CRITERIA:
- Ideally the client/patient is required to make a personal committment to treatment;
- Other problems, i.e. psychiatric, serious behavioral, etc. are to be addressed prior to admission.

ADDITIONAL LIMITATIONS/RESTRICTIONS: Behavioral and/or attitudinal problems by the client affects services which can be provided. Any such problems should be addressed prior to admission.

COST TO CLIENT/REFERRAL AGENCY: Nil

NOTE: For information regarding meetings of Alcoholics Anonymous, Narcotics Anonymous, Al-Ateen, Adult Children of Alcoholics, and Alanon in the area, please contact this service.

SPECIALIZATION/EXPERTISE: Child Protection Assessments/ Services; Financial Assistance Programs and other Services including individual and family counselling, etc.

NAME: Child and Family Services
Dept. of Health and Social Services

ADDRESS: West Prince - Regional Services Centre, P.O. Box 8, O'Leary, COB 1VO
East Prince - 290 Water St., Summerside, C1A 1B8
Queens - MacMillan Bldg., Haviland St., P.O. 2000, Charlottetown, C1A 7N8
Southern Kings - Regional Services Centre, P.O. Box 1500, Montague, COA 1RO
Eastern Kings - Regional Services Centre, P.O. Box 550, Souris, COA 2BO
CONTACT: Intake Worker at appropriate regional office.

TELEPHONE: O'Leary: 859-2400 Montague: 838-2992
Summerside: 436-7294 Souris: 687-3022
Charlottetown: 368-5330

AGE RANGE: All ages **GENDER:** Male and female

AREA SERVED: Province through a network of regional offices.

REFERRAL SOURCES: Self; parents; community agencies/services; public health; schools; physicians and other sources.

APPROPRIATE CLIENT:
1. Child considered "in need of protection" under terms of the Family and Child Services Act (see reverse for definition);
2. Individuals/families in need of financial assistance/support;
3. Physically/mentally disabled in need of counselling/retraining;
4. Youth with speech/hearing problems;
5. Youth in need of counselling, education and/or training.

TYPE(S) OF PROGRAMS/SERVICES: Child protection services including foster home/group home placements, counselling (individual or family), financial assistance for room and board, living expenses, etc; financial assistance programs; rehabilitation programs for physically/mentally disabled; speech/hearing programs; special programs including counselling, education/training services.

NATURE OF TREATMENT PROGRAMS/SERVICES: Community and residential based services/programs depending on need.

DESIGNATED SECURITY LEVEL: Certain group home placements may be designated as "open custody", with approval of Director of Child Welfare.

MINIMUM/MAXIMUM TREATMENT LENGTH: Services extended as long as there is a need.

WAITING PERIOD: Varies with services required; generally, an assessment can be completed in under 2 weeks; in emergency situations, service is provided immediately.

REFERRAL GUIDELINES/ADMISSION CRITERIA: All referrals are to be made to appropriate regional office through intake worker. After hours, in cases of suspected child abuse or neglect, call toll free 1-566-1122.

ADDITIONAL LIMITATIONS/RESTRICTIONS: Protection services are available only where a child/youth is considered "in need of protection" following a child abuse investigation.
COST TO CLIENT/REFERRAL AGENCY: Nil **Form RI-2**

child in need of protection

3 For the purposes of this Act, a "child in need of protection" means a child

(a) who is not receiving proper care, education, supervision, guidance or control;

(b) whose parent is unable or unwilling to care for the child, or whose behaviour or way of life creates a danger for the child;

(c) who has been physically abused, neglected or sexually exploited or is in danger of consistently threatening behaviour;

(d) who is forced or induced to do work disproportionate to his strength or to perform for the public in a manner that is unacceptable for his age;

(e) whose behavior, condition, environment or associations is injurious or threatens to be injurious to himself or others;

(f) for whom the parent or person in whose custody he is neglects or refuses to provide or obtain proper medical or surgical care or treatment necessary for his health and well-being where it is recommended by a duly qualified medical practitioner;

(g) whose emotional or mental health and development is endangered or is likely to be endangered by the lack of affection, guidance and discipline or continuity of care in the child's life;

(h) for whom the parent or person in whose custody he is neglects, refuses or is unable to provide the services and assistance needed by the child because of the child's physical, mental or emotional handicap or disability;

(i) who is living in a situation where there is severe domestic violence;

(j) who is beyond the control of the person caring for him;

(k) who is living apart from his parents without their consent; or

(l) who is pregnant and refuses or is unable to provide properly and adequately for the health and welfare needs of herself and her child both before and after the birth of her child. 1981,c.12,s.1; 1983,c.33,s.66 (*eff. Nov. 1/83*); 1985,c.47,s.23 (*eff. Sept. 1/85*).

FOCUS OF SERVICE/MANDATE:
To strengthen family life through providing counselling and supportive services to individuals and families.

NAME: Prince County Family Services Bureau

ADDRESS: 277 Notre Dame Street
P.O. Box 1648
Summerside, P.E.I.
C1N 2V5

CONTACT: Sister Mary Deighan

TITLE: Executive Director

TELEPHONE: 436-9171

AGE RANGE: all ages

GENDER: Male and female

AREA SERVED: Prince County

REFERRAL SOURCES: Individuals; families; clergy; physicians; schools; and other sources.

APPROPRIATE CLIENT: Individuals and families requiring a range of services including counselling; emergency financial assistance; transportation (limited); clothing; etc.

TYPE(S) OF TREATMENT PROGRAMS/SERVICES: A variety of services are available to individuals and families including individual, marital and family counselling; financial counselling; emergency financial assistance; in certain situations, transportation assistance to appointments; also, a variety of other services typically offered by a generic family/social service agency.

NATURE OF TREATMENT PROGRAMS/SERVICES: Outpatient/community based.

MINIMUM/MAXIMUM TREATMENT/SERVICE LENGTH: Varies with nature and degree of services required/necessary.

WAITING PERIOD: Generally the Bureau can service referrals without delay.

REFERRAL GUIDELINES/ADMISSION CRITERIA: The Bureau responds to all calls or referrals and either provides direct service or makes a referral to an appropriate agency.

ADDITIONAL LIMITATIONS/RESTRICTIONS: Contact the Executive Director or another counsellor.

COST TO CLIENT/REFERRAL AGENCY: Nil

SPECIALIZATION/EXPERTISE: Family counselling; family life education; parenting and youth programs; family advocacy.

NAME: Catholic Family Services Bureau

ADDRESS: 129 Pownal Street
P.O. Box 698
Charlottetown, P.E.I. C1A 7L3

CONTACT: Sister Mary Power

TITLE: Executive Director

TELEPHONE: 894-8591

AGE RANGE: All ages

GENDER: Male and female

AREA SERVED: Province

REFERRAL SOURCES: All sources.

APPROPRIATE CLIENT: Individuals, parents and families requiring counselling, support and/or education/information on family life issues.

TYPE(S) OF PROGRAMS/SERVICES: Individual and family counselling; parent/adolescent counselling. Family life education programs to help strengthen and promote family life, i.e. parent effectiveness training courses, etc.
NOTE: Do offer temporary accommodation and care for adolescents in crisis (refer to Time Out Program in Section 3 of this directory).

NATURE OF PROGRAMS/SERVICES: Outpatient/community based.

WAITING PERIOD: Initial appointment within one week of referral.

REFERRAL GUIDELINES/ADMISSION CRITERIA:
No restrictions other than all referrals to be discussed with Executive Director.

ADDITIONAL LIMITATIONS/RESTRICTIONS: None

COST TO CLIENT/REFERRAL AGENCY: There is a "fee for service" for some programs/services, mostly educational programs, i.e. effective parenting courses, etc. For further information contact Executive Director.

SPECIALIZATION/EXPERTISE:
Family Counselling; marital therapy; family mediation; individual counselling; group therapy for men who batter.

NAME: Protestant Family Service Bureau

ADDRESS: 64 Great George St.
Mail: P.O. Box 592
Charlottetown, P.E.I. C1A 7L1

CONTACT: Greg Beranger, Executive Director

TELEPHONE: 892-2441

AGE RANGE: All ages

GENDER: Male and female

AREA SERVED: Province

REFERRAL SOURCES: Mental Health; Physicians; Addictions; Courts; Probation; Parole; Social Services; Clergy; Transition House; etc.

APPROPRIATE CLIENT: Adolescents and/or adults who could benefit from individual, family and/or group counselling/therapy for family dysfunction; domestic violence; behavioral problems; sexual dysfunction; etc.

TYPE(S) OF TREATMENT PROGRAMS/SERVICES: Individual and family therapy; family mediation; treatment of men who batter - Turning Point Group; sex therapy; marital therapy.

NATURE OF TREATMENT PROGRAMS/SERVICES: Outpatient/community-based.

MINIMUM/MAXIMUM TREATMENT LENGTH: Varies with client and nature of service required; average 1 - 6 months.

WAITING PERIOD: 2-8 weeks.

REFERRAL GUIDELINES/ADMISSION CRITERIA: For further information on the range of programs and services offered, contact the Executive Director.

ADDITIONAL LIMITATIONS/RESTRICTIONS: Language: English only. Cases involving extreme resistance, severe psychopathology and/or severe untreated chemical dependence cannot be served.

COST TO CLIENT/REFERRAL AGENCY: Contact Executive Director to determine current "sliding fee scale" for programs/services offered.

PROCESS FOR SECURING FUNDING/RECOVERY OF COSTS:
The Client and/or referral agency is responsible for payment of fees; however, fees are negotiable and no person will be refused service because of inability to pay.

SPECIALIZATION/EXPERTISE:
Individual and Family Therapy

NAME: MacDonald's Family Counselling Inc.

ADDRESS: 179 Queen Street
Charlottetown, P.E.I. C1A 4B4

CONTACT: Ernest MacDonald

TITLE: President

TELEPHONE: 566-1735

AGE RANGE: All ages

GENDER: Male and female

AREA SERVED: Province

REFERRAL SOURCES: Self; family; various professionals; community agencies; etc.

APPROPRIATE CLIENT: Individuals and families with emotional and/or social problems.

TYPE(S) OF TREATMENT PROGRAMS/SERVICES: Individual and family therapy.

NATURE OF TREATMENT PROGRAMS/SERVICES: Out-patient.

MINIMUM/MAXIMUM TREATMENT LENGTH: Varies with needs of the client.

WAITING PERIOD: Nil.

CAPACITY: Two social workers available.

REFERRAL GUIDELINES/ADMISSION CRITERIA: A telephone call to discuss referral and set up an appointment.

ADDITIONAL LIMITATIONS/RESTRICTIONS: Nil.

COST TO CLIENT/REFERRAL AGENCY: $60.00 per hour (Note: subject to change).

PROCESS FOR SECURING FUNDING/RECOVERY OF COSTS: The client or referral source is responsible for payment of fees.

SPECIALIZATION/EXPERTISE:
Treatment of mental health problems, including individual, family, marital and group therapy.

NAME: Community Mental Health Services
Dept. of Health & Social Services

ADDRESS: Prince Co. - 205 Linden Ave.
Summerside, C1N 2K4
Queens Co. - Richmond Centre,
197 Richmond Street
P.O. Box 2000, Charlottetown C1A 7N8
Kings Co. - P.O. Box 880, Montague, COA 1RO

CONTACT: Prince - David Henry, Program Director
Queens - Emmett Bradley, Program Director
Kings - Randall Fletcher, Program Director

TELEPHONE: Prince: 436-9124
Queens: 368-4430
Kings: 838-4094

AGE RANGE: All ages

GENDER: Male and female

AREA SERVED: Province through appropriate clinic.

REFERRAL SOURCES: Referrals accepted from any source, including self, parents, physicians, psychiatrists, hospitals, schools, addiction services, other agencies, etc.

APPROPRIATE CLIENT: Any individual able to use and benefit from treatment program that is assessed to be suffering from a cognitive, mental, emotional, or behavioural dysfunction/disturbance.

TYPE(S) OF TREATMENT PROGRAMS/SERVICES: Staff of clinics have a broad range of expertise that collectively can respond to a wide range of mental health problems; Individual, family, group and marital counselling; psychiatric treatment of mental illness, i.e. psychotic or mood disorders.

NATURE OF TREATMENT PROGRAMS/SERVICES: Outpatient; inpatient services can be arranged where required.

MINIMUM/MAXIMUM TREATMENT LENGTH: Varies according to client needs; however, generally short term, i.e. several weeks - one year.

WAITING PERIOD: 2-4 weeks, depending on demand and staff complements.

REFERRAL GUIDELINES: - Client must consent to treatment;
- An initial assessment by clinic staff is required to identify the client's problems and decide on an appropriate treatment approach/strategy.

ADDITIONAL LIMITATIONS/RESTRICTIONS: Nil

COST TO CLIENT/REFERRAL AGENCY: Nil

SPECIALIZATION/EXPERTISE: Assessment and treatment of psychiatric illness and behavioral disorders in adolescents and adults

NAME: Hillsborough Hospital and Special Care Centre

ADDRESS: P.O. Box 4000
Charlottetown, P.E.I.
C1A 7P3

CONTACT: Dr. P. Forsythe

TITLE: Physician in Chief

TELEPHONE: 368-5400

AGE RANGE: 11 and up

GENDER: Male and female

AREA SERVED: Province

REFERRAL SOURCES: Psychiatrists; family physicians; hospitals; nursing homes; courts; youth services; etc.

APPROPRIATE CLIENT: Individuals diagnosed as suffering from a psychiatric illness or needing assessment for same or person requiring residential care for their own or other's protection.

TYPE(S) OF TREATMENT PROGRAMS/SERVICES:
1. In and out-patient psychiatric services;
2. Pre-discharge life skills program for recovering patients;
3. Pre-placement program for mentally handicapped; and
4. Adolescent treatment service (refer to separate profile of Adolescent Unit).

NATURE OF TREATMENT PROGRAMS/SERVICES: Both in-patient and out-patient.

DESIGNATED SECURITY LEVEL: With authorization of Physician in Chief can be designated as an open or secure facility. If "secure", escort/supervision is required by referring agency.

MINIMUM/MAXIMUM TREATMENT LENGTH: Varies.

WAITING PERIOD: Varies; if an emergency, 2-3 days, otherwise 2-3 months.

CAPACITY: Adolescent Unit - 12 beds (6 male and 6 female)
General Hospital - 27 active treatment beds; 15 pre-discharge beds.

REFERRAL GUIDELINES/ADMISSION CRITERIA: Facility accepts referrals from individual professionals and agencies. Admission depends upon medical advice.

ADDITIONAL LIMITATIONS/RESTRICTIONS: Nil

COST TO CLIENT/REFERRAL AGENCY: None to client; however, fees for "one to one" staffing may be charged for services beyond those normally required. In such situations prior approval at the Director's level is necessary.

SPECIALIZATION/EXPERTISE:
Assessment/treatment of serious adolescent behavioral problems or psychiatric problems (not severe).

NAME: Adolescent Unit
Hillsborough Hospital

ADDRESS: P.O. Box 4000
Charlottetown, P.E.I.
C1A 7P3

CONTACT: Jordan Hill, M.S.W.

TITLE: Unit Social Worker

TELEPHONE: 368-5400, ext. 218

AGE RANGE: 12-18 years

GENDER: Male and Female

AREA SERVED: Province

REFERRAL SOURCES: Parents; Social Services; Community Mental Health; Physicians; Psychiatrists, Justice Staff; Youth Courts; other service providers, etc.

APPROPRIATE CLIENT: Clients exhibiting severe behavioral or psychiatric problems (not severe) who have been assessed by the unit as requiring a residential treatment program.

TYPE(S) OF TREATMENT PROGRAMS/SERVICES: Residential treatment program in conjunction with psychiatric services; residential program consists of schooling, life skills and behavioral management.

NATURE OF TREATMENT PROGRAMS/SERVICES: Residential/in-patient

DESIGNATED SECURITY LEVEL: Prefer a Probation Order with a residential requirement; however, in exceptional circumstances, can be designated as an open custody placement with approval of Unit psychiatrist.

MINIMUM/MAXIMUM TREATMENT LENGTH: Six months - one year

WAITING PERIOD: Approximately six months

CAPACITY: 12 beds

REFERRAL GUIDELINES/ADMISSION CRITERIA: Adolescents must be assessed by unit staff (psychiatrist and social worker) prior to being placed on the waiting list for admission.

ADDITIONAL LIMITATIONS/RESTRICTIONS: Limited capacity to respond to emergencies due to a long waiting list and program design (i.e. planned admission and discharge).

COST TO CLIENT/REFERRAL AGENCY: Nil

SPECIALIZATION/EXPERTISE: Psychiatric treatment/care - inpatient.

NAME: Psychiatric Unit
Prince County Hospital

ADDRESS: 259 Beattie Ave.,
Summerside, P.E.I.
C1A 2A9

CONTACT: Dr. Triantafillou; Family Physician; or Unit Social Worker

TELEPHONE: 436-9131

AGE RANGE: All ages

GENDER: Male and female

AREA SERVED: Prince County

REFERRAL SOURCES: Self; family; Community Mental Health; Social Services; Addictions; Physicians and other sources.
NOTE: admissions must be made by a physician or psychiatrist.

APPROPRIATE CLIENT: Individuals with mental health problems/emotional disorders who are unable to cope at home or in the community.

TYPE(S) OF TREATMENT PROGRAMS/SERVICES:
- individual/family/group therapy;
- occupational therapy;
- marital counselling;

NATURE OF TREATMENT PROGRAMS/SERVICES: Primarily inpatient.

DESIGNATED SECURITY LEVEL: Open unit.

MINIMUM/MAXIMUM TREATMENT LENGTH: Varies with type and degree of illness.

WAITING PERIOD: Depends on availability of beds; however, usually no more than a few days.

CAPACITY: 16 beds.

REFERRAL GUIDELINES/ADMISSION CRITERIA: Admission must be through family physician or psychiatrist.

ADDITIONAL LIMITATIONS/RESTRICTIONS: Involuntary admissions not accepted unless with approval of unit psychiatrist.

COST TO CLIENT/REFERRAL AGENCY: Nil

SPECIALIZATION/EXPERTISE:
Psychiatric assessment and treatment

NAME: Psychiatry Dept. (Unit 9)
Queen Elizabeth Hospital

ADDRESS: Riverside Drive
P.O. Box 6000
Charlottetown, P.E.I.
C1A 8T5

CONTACT: Dr. Angus Beck

TITLE: Head of Psychiatry

TELEPHONE: 566-6115

AGE RANGE: Teens and up

GENDER: Male and female

AREA SERVED: Province

REFERRAL SOURCES: Majority of referrals come from general practitioners, psychiatrists and hospital out-patient departments.

APPROPRIATE CLIENT: Patients diagnosed with psychiatric illness or presumed to have major mental health problems requiring in-patient assessment and/or treatment.

TYPE(S) OF TREATMENT PROGRAMS/SERVICES: Treatment is an unspecialized general psychiatric service including milieu therapy and a complete range of psychotherapy services offered by nurses, occupational therapists, social workers and psychologists.

NATURE OF TREATMENT PROGRAMS/SERVICES: Inpatient.

DESIGNATED SECURITY LEVEL: Open Unit.

MINIMUM/MAXIMUM TREATMENT LENGTH: Varies with type and degree of illness; no fixed limits.

WAITING PERIOD: There is a waiting period which depends upon the nature and seriousness of the illness/disorder; non-emergency admissions often wait from one to several months.

CAPACITY: 30 beds.

REFERRAL GUIDELINES/ADMISSION CRITERIA: Typical referral route is for individual to consult their physician who seeks admission through a psychiatrist. In an emergency, individual is examined by a physician in out-patients and the psychiatrist on call is consulted prior to admission.

ADDITIONAL LIMITATIONS/RESTRICTIONS: Generally the unit has an adult population thus adolescents do not typically fit in the milieu; however, exceptions are made where necessary.

COST TO CLIENT/REFERRAL AGENCY: Costs as for any hospital admission, thus P.E.I. residents are covered for required services by provincial medicare.

SPECIALIZATION/EXPERTISE:
Employment programs and services including training/re-training courses, employment counselling, referral to employers.

NAME: Canada Employment Centres
Canada Employment and Immigration Commission

ADDRESS: For list of addresses and telephone numbers of Canada Employment Centres see reverse.

CONTACT: Employment Officer

AGE RANGE: 16 years of age and over **GENDER:** Male and Female

AREA SERVED: Province through appropriate office (see reverse).

REFERRAL SOURCES: Self; parents; schools; Social Services; Mental Health; most Provincial Departments; etc.

APPROPRIATE CLIENT: Individuals 16 years of age or over who are available and capable of employment or prepared to be involved in a work related assessment/decision making process and/or interested in acquiring further training/employment skills.

TYPE(S) OF PROGRAMS/SERVICES:
- Referral for employment;
- Job entry programs to provide training, retraining and/or work experience;
- Employment counselling;
- A range of employment related programs and services.

WAITING PERIOD: 2 - 3 week wait to see Employment Counsellor, depending on service requested.

REFERRAL GUIDELINES/ADMISSION CRITERIA: Varies according to service/program required.

ADDITIONAL LIMITATIONS/RESTRICTIONS: Varies with service/program required.

COST TO CLIENT/REFERRAL AGENCY: Nil

Canada Employment Centres
P.E.I. Region

CEC O'Leary
West Prince Regional Service Centre
P.O. Box 8 Phone# 859-2400
C0B 1V0
Manager .....Harold Tuck
Employment Counsellor .....Michael Wedge

CEC Summerside
57 Central Street
C1N 3K9 Phone# 436-4821

Manager .....Keith Cooper
Supervisor: Employment Services .....Shirley Pierce
Supervisor: Insurance Services .....Lynn Pridham

CEC Charlottetown
85 Fitzroy Street
P.O. Box 8000
Charlottetown, P.E.I. Phone#566-7781
C1A 8K1
Manager .....Carol MacDougald
Assistant Manager .....Jim McNally
Supervisor: Counselling Services .....Bob Charlton
Supervisor: Programs .....Peggy Arsenault
Supervisor: Insurance Services .....Doug Graves

CEC Montague
44 Main Street
P.O. Box 580 Phone# 838-3315
C0A 1R0
Manager .....Ron McCaskill
Supervisor: Employment Services.....Corena Gairns
Supervisor: Insurance Services .....Florence MacEwen

CEC Souris
Federal Bldg. 2nd Floor
P.O. Box 40 Phone# 687-3161
C0A 2B0
Manager .....Jim McQuaid
Employment Counsellor .....Paul Hines

SPECIALIZATION/EXPERTISE: Vocational assessments; employment counselling and training.

NAME: Work Adjustment Training Program

CONTACT: Phil Corsi, Coordinator Charlottetown
or Greg MacDonald, Coordinator, Summerside

ADDRESS: 390 University Avenue, Charlottetown or
328 Notre Dame Street, Summerside

TELEPHONE: Charlottetown: 566-2811
Summerside: 436-5739

AGE RANGE: 17 - 65

GENDER: Male and female

AREA SERVED: Charlottetown and Summerside areas

REFERRAL SOURCES: All referrals for vocational assessments, employment counselling and training are to be made by Employment Counsellors, Canada Employment Centers.

APPROPRIATE CLIENT: Unemployed persons with special needs as assessed by employment counsellors with the Canada Employment Centre.

NATURE OF PROGRAM SERVICES PROVIDED: - Vocational counselling and training including work habits, life skills and personal counselling.
- Vocational assessments including assessment of academic skills, vocational interests/aptitudes, etc.
- Maximum length of program is 16 weeks.

MINIMUM/MAXIMUM TREATMENT LENGTH: Maximum length of program is 16 weeks.

WAITING PERIOD: 2-4 weeks.

CAPACITY: 13 seats in Charlottetown; 11 seats in Summerside.

REFERRAL GUIDELINES/ADMISSION CRITERIA:
Must be referred by Employment Counsellor with Employment Center.
Must be 17 years of age or age 16 and out of school for one year.
No alcohol/drug abuse for 4-6 months prior to entry.
Must be established in a community living situation.

ADDITIONAL LIMITATIONS/RESTRICTIONS: Further information can be obtained from Coordinator(s).

COST TO CLIENT/REFERRAL AGENCY: Nil; all seats sponsored by Canada Employment; training allowance provided.

SPECIALIZATION/EXPERTISE:
Alternative Education Program
for troubled adolescents.

NAME: Educational Alternatives Program

ADDRESS: 100 Water Street
Summerside, P.E.I.
C1N 1A9

CONTACT: Mike J. Trainor

TITLE: Program Director

TELEPHONE: 436-8615

AGE RANGE: 14 - 18 years

GENDER: Male and female

AREA SERVED: Unit Two School Zone

REFERRAL SOURCES: Dept. of Health and Social Services; Unit II Schools; Probation Services; Youth Centre.

APPROPRIATE CLIENT: Young person aged 14 - 18 who is a potential/actual school dropout functioning two or more years below age appropriate grade level and who is functioning at a minimum of grade 4 in core subjects of reading, writing and math.

TYPE(S) OF TREATMENT PROGRAMS/SERVICES:
Upgrading in core academic skills of reading; writing and arithmetic; vocational/industrial arts; life skills training; drug/alcohol awareness program; work preparation; crime prevention; mental health; direct job placement and job search training/activities.

NATURE OF TREATMENT PROGRAMS/SERVICES: Community based; operates Monday - Friday, 9:00 - 3:00.

MAXIMUM LENGTH OF PROGRAM: Two years.

WAITING PERIOD: Depends on number of referrals; contact Program Director for further information.

CAPACITY: 15 students.

REFERRAL GUIDELINES/ADMISSION CRITERIA: Young person must be:
1) between 14 - 18 years of age;
2) function two years below age appropriate grade level;
3) have a minimum of grade 4 in core academic subjects;
4) are potential/actual school dropouts;
5) priority given to those in foster care; serving custody dispositions; or on probation.

COST TO CLIENT/REFERRAL AGENCY: Nil

SPECIALIZATION/EXPERTISE: Educational assessments and services

NAME: Regional Administrative School Units 1-5

Unit 1: Richard Roberts, Assistant Superintendent; Telephone: 853-2013
P.O. Box 57, Elmsdale, P.E.I. COB 1K0
Unit 2: Basil Haire, Student Services Coordinator; Telephone: 436-2194
P.O. Box 2500, Summerside, P.E.I. C1N 4L9
Unit 3: Kathy Pilkington, Special Education Consultant; Telephone: 566-2066
P.O. Box 8600, Charlottetown, P.E.I. C1A 8V7
Unit 4: Sr. Elizabeth Dunn, Assistant Superintendent; Telephone: 838-2944
P.O. Box 700, Montague, P.E.I. COA 1RO
Unit 5: Gabriel Arsenault, Superintendent; Telephone: 854-2975
Abram's Village, Wellington Station, R.R.#3, P.E.I.

AGE RANGE: School age children/youth, i.e. 6-18 **GENDER:** Male and female

AREA SERVED: Province through appropriate administrative school unit which depends upon current or planned residence of the youth and/or family.

REFERRAL SOURCES: Self; parents/legal guardians; principals; guidance counsellors; teachers; Social Services; young offender programs; etc.
Note: actual referral source often depends upon nature of service required.

APPROPRIATE CLIENT: School age children/youth currently attending or personally interested in returning to school.

PROGRAMS/SERVICES PROVIDED/AVAILABLE: Regular educational programs; Modified academic programs; Work experience programs; Integrated programs combining basic academic with vocational training; In some units, alternative educational programs; Other options may be available, based on individual assessments/needs as determined by the school unit with the consultation/support of the Department of Education.

NATURE OF PROGRAMS/SERVICES: Varies; however, all services/programs are community based.

MINIMUM/MAXIMUM LENGTH OF PROGRAMS/SERVICES: Varies with the nature and type of program/services provided. Further information available from the appropriate contact.

WAITING PERIOD: Varies with the nature and type of program/service.

CAPACITY: Varies - certain programs/services have established capabilities. Discuss with the appropriate Unit representatives.

REFERRAL GUIDELINES/ADMISSION CRITERIA: Referrals are to be made to the designated contact (as above) within the appropriate school unit depending upon the youth's current or planned address. Also referrals are to be made in accordance with the established **"School Protocol"** approved by the Superintendents of Education and Deputy Minister of Justice. The "protocol" describes the referral process/working relationship between the Regional Administrative School Units and the Community and Correctional Services Division, Department of Justice.

ADDITIONAL LIMITATIONS/RESTRICTIONS: Can vary with capacities of certain programs and workload of personnel. It is important that the youth be personally interested in staying in or returning to school and is prepared to work to the best of his/her ability; be committed to attend regularly; and, conform to established rules and regulations.
COST TO CLIENT/REFERRAL AGENCY: Nil

SECTION C - RELATED COMMUNITY SUPPORT PROGRAMS/SERVICES

FOCUS OF SERVICE/MANDATE: Temporary accommodation and care of youth experiencing and/or presenting difficulties at home.

NAME: Time Out

ADDRESS: 140 Pownal Street
Charlottetown, P.E.I.

CONTACT: Sister Mary Power

TITLE: Executive Director
Catholic Family
Services Bureau

TELEPHONE: 892-2969 or 894-8591

AGE RANGE: Youth

GENDER: Male and female

AREA SERVED: Province

REFERRAL SOURCES: Catholic Family Services Bureau, guidance counsellors, families, and other sources.

APPROPRIATE CLIENT: Youth who are experiencing and/or presenting difficulties at home.

NATURE OF PROGRAM/SERVICES PROVIDED: Temporary shelter and care for youth in crisis; Counselling and support services provided to the youth and their families by Catholic Family Services.

WAITING PERIOD: Depends upon demand; however, is designed to provide accommodation of youth in emergency/crisis situations.

REFERRAL GUIDELINES/ADMISSION CRITERIA:
- Families are required to make a committment to work with staff of the Catholic Family Services Bureau on family problems, etc.;
- Youth are to continue education or employment and be amenable to working with Bureau Counsellors on personal and/or family problems.

LIMITATIONS/RESTRICTIONS: Unable to provide service for severely disturbed adolescents; such youth would be referred to the appropriate agency/service.

COST TO CLIENT/REFERRAL AGENCY: Families are required to provide financial support, based on a "sliding fee schedule"; however, no one will be refused service for financial reasons.

NOTE: Time Out is a pilot project designed to operate from April - October, 1989; however it is anticipated alternative sources of funding will be secured to ensure the program is ongoing. Contact Sister Power for further information.

FOCUS OF SERVICE/MANDATE:
Social/Recreational Program
for those who have experienced
mental or emotional problems.

NAME: New Directions

CONTACT: Shelly Hartt, Coordinator
Summerside;
Tim Trainor, Coordinator,
Charlottetown.

ADDRESS: 286 Fitzroy Street, Summerside
170 Fitzroy Street, Charlottetown

TELEPHONE: Summerside: 888-2237
Charlottetown: 566-5111

AGE RANGE: 16 and up

GENDER: Male and female

AREA SERVED: East Prince and Queens County

REFERRAL SOURCES: Various sources; any helping professional or community agency may apply on behalf of a potential member.

APPROPRIATE CLIENT: Someone whose primary problem is a mental or emotional disorder and who has received treatment.

NATURE OF PROGRAM/SERVICES PROVIDED: On-going leisure, socialization and life skills activities.

WAITING PERIOD: Very short period after application/referral received.

CAPACITY: Not applicable

REFERRAL GUIDELINES/ADMISSION CRITERIA:
- Individual's primary difficulty must be a mental or emotional problem.
- Must live in the community (not institution);
- Individual must be able to cope in a structured group setting;
- Must arrange own transportation.

LIMITATIONS/RESTRICTIONS: as above.

COST TO CLIENT/REFERRAL AGENCY: Nil

FOCUS OF SERVICE/MANDATE:
Referral for employment;
training and retraining courses;
career counselling; etc.

NAME: Canada Employment Centers
Canada Employment and Immigration Commission

CONTACT: Employment Officer

ADDRESS: For list of addresses/telephone numbers of Canada Employment Centers, see reverse.

AGE RANGE: 16 years of age and over **GENDER:** Male and female

AREA SERVED: Province through appropriate regional office (see reverse).

REFERRAL SOURCES: Self; parents; schools; Social Services; Mental Health; most Provincial Departments, etc.

APPROPRIATE CLIENT: Individuals 16 years of age or over who are available and capable of employment or prepared to be involved in a work related assessment/decision making process and/or interested in acquiring further training/employment skills.

NATURE OF PROGRAM/SERVICES:
- Referral for employment;
- Job entry programs to provide training, retraining and/or work experience;
- Employment counselling;
- A range of employment related programs and services.

WAITING PERIOD: 2-3 week wait to see Employment Counsellor, depending on service requested.

REFERRAL GUIDELINES/ADMISSION CRITERIA: Varies according to service/program required. Further information can be obtained from a Canada Employment Centre.

LIMITATIONS/RESTRICTIONS: Varies with service/program required. Discuss with Employment Officer.

COST TO CLIENT/REFERRAL AGENCY: Nil

Canada Employment Centres
P.E.I. Region

CEC O'Leary
West Prince Regional Service Centre
P.O. Box 8 Phone# 859-2400
C0B 1V0
Manager .....Harold Tuck
Employment Counsellor .....Michael Wedge

CEC Summerside
57 Central Street
C1N 3K9 Phone# 436-4821

Manager .....Keith Cooper
Supervisor: Employment Services .....Shirley Pierce
Supervisor: Insurance Services .....Lynn Pridham

CEC Charlottetown
85 Fitzroy Street
P.O. Box 8000
Charlottetown, P.E.I. Phone#566-7781
C1A 8K1
Manager .....Carol MacDougald
Assistant Manager .....Jim McNally
Supervisor: Counselling Services .....Bob Charlton
Supervisor: Programs .....Peggy Arsenault
Supervisor: Insurance Services .....Doug Graves

CEC Montague
44 Main Street
P.O. Box 580 Phone# 838-3315
C0A 1R0
Manager .....Ron McCaskill
Supervisor: Employment Services.....Corena Gairns
Supervisor: Insurance Services .....Florence MacEwen

CEC Souris
Federal Bldg. 2nd Floor
P.O. Box 40 Phone# 687-3161
C0A 2B0
Manager .....Jim McQuaid
Employment Counsellor .....Paul Hines

FOCUS OF SERVICE/MANDATE: Vocational, Post Secondary, Upgrading and Continuing Education programs/courses.

NAME: Holland College

CONTACT: Dorothy Hicks, Registrar or Student Services Officer at the various centres.

ADDRESS: 140 Weymouth Street
Charlottetown, P.E.I. C1A 4Z1

TELEPHONE: 566-9690

AGE RANGE: Varies according to program/course.

GENDER: Male and female

AREA SERVED: Province through various centres; which are located in Elmsdale, Ellerslie, Summerside, Charlottetown, Montague and Souris.

REFERRAL SOURCES: All sources; however, person must have personal interest and commitment to further training/upgrading, etc.

APPROPRIATE CLIENT: Those with interest, ability and basic qualifications (depending on the particular program/course desired).

NATURE OF PROGRAM/SERVICES PROVIDED: Varies from Centre to Centre; most courses, etc. are community based and operate during the day.

WAITING PERIOD: Usually a waiting period, however, this depends on program/course requested.

CAPACITY: Varies according to program/course.

REFERRAL GUIDELINES/ADMISSION CRITERIA: Generally a personal interview is required.

LIMITATIONS/RESTRICTIONS: Specific guidelines/restrictions apply to particular programs/courses which Holland College offers.

COST TO CLIENT/REFERRAL AGENCY: Varies from program to program; however fees, etc. are responsibility of student.

FOCUS OF SERVICE/MANDATE:
Tutoring of functionally illiterate in reading/writing skills

NAME: Laubach Literacy Council of P.E.I.

CONTACT: Laura Mair, Coordinator
Provincial Literacy Volunteers Project

ADDRESS: P.O. Box 400,
Charlottetown
C1A 7K7

TELEPHONE: 368-3620
Reading Line: 566-4490

AGE RANGE: 16 years and over
(must be out of school 2 years)

GENDER: Male and Female

AREA SERVED: Province wide through local councils located in West Prince, Summerside, Queens County, Southern Kings and Eastern Kings County

REFERRAL SOURCES: Self; family; Social Services, Justice Department and other community agencies/services; however, individual must make personal request for this service.

APPROPRIATE CLIENT: Individual who is functionally illiterate and needs assistance/ tutoring in learning to read/write.

NATURE OF PROGRAM/SERVICES PROVIDED: Coordinator evaluates educational level of client and assesses potential for learning and helps establish and achieve learning goals related to reading and writing.

WAITING PERIOD: Depends on availability of tutors

CAPACITY: Determined by response to program and availability of tutors

REFERRAL GUIDELINES/ADMISSION CRITERIA: - Tutoring is available to anyone who has a genuine desire to learn to read and write or to improve these basic skills;
- Individual must make personal request for the service.

LIMITATIONS/RESTRICTIONS: Must be out of school for 2 years

COST TO CLIENT/REFERRAL AGENCY: Nil; all training materials are provided to student without charge.

NOTE: For additional information, refer to information on reverse.

THE CHALLENGE

DID YOU KNOW THAT OVER 23,000 ADULTS* ON PRINCE EDWARD ISLAND CANNOT READ WELL ENOUGH TO COPE WITH WORK OR DAILY TASKS?

- They cannot read want ads or fill out job application forms.
- They cannot read safety instructions, directions or warnings on medicine bottles and other danger-laden containers.
- They cannot read traffic directions.
- They cannot understand leases and contracts.
- They cannot follow written job instructions.
- They cannot read labels on food products or follow a recipe.
- They cannot read a bedtime story to their children.
- They cannot write a letter.

ILLITERACY IS A HIDDEN HANDICAP

Many adult non-readers disguise their handicap out of fear that people will think they are stupid. Learning to read and write will not only provide them with new opportunities, it will increase their self-esteem and reduce their dependence on social supports.

* The 1981 Canadian Census shows that 25.2% of P.E.I's adult population (15 years and older) have less than a Grade 9 education which is generally accepted as the "functional" literacy level.

THE METHOD

PHONICS AND PICTURE ASSOCIATION, ALONG WITH THE "EACH ONE TEACH ONE" APPROACH, ARE BASIC TO THE METHOD WHICH WAS DEVELOPED NEARLY 60 YEARS AGO BY DR. FRANK C. LAUBACH. THE LAUBACH METHOD HAS HAD WORLD-WIDE SUCCESS AND IS USED IN 103 COUNTRIES AND IN 312 LANGUAGES.

LESSONS ARE FREE, PRIVATE, CONFIDENTIAL

Reading and writing lessons are provided free on a one-to-one basis by trained volunteer tutors. The tutor and student meet at least once a week at a time and place convenient to both.

Teaching manuals and student workbooks are provided free through funding support from the P.E.I. Department of Industry.

P.E.I. LITERACY COUNCILS

Five Literacy Councils across the Province are part of Laubach Literacy Canada - P.E.I. *The P.E.I. Council was formed in 1981 and its members have taught hundreds of adult Islanders to read and write.*

The Councils are made up of volunteers from all walks of life who contribute their time and energy to help reduce illiteracy in this Province.

The Councils are located in:

- Summerside
- West Prince County
- Queens County
- Southern Kings County
- Eastern Kings County

AND YOU . . . .

WE NEED YOUR HELP

- To reach people in your community who could benefit from our teaching programs.
- To attend a training workshop and become a tutor.
- To tell others about the work done by the P.E.I. Literacy Councils.

IF YOU CAN READ, YOU CAN TEACH

10-hour workshops are held regularly across the province to train volunteer tutors in the Laubach Literacy method. The method is easy to learn and easy to teach.

A PRICELESS GIFT

The ability to read and write is a priceless gift which a tutor can give to a student. In return, the tutor gains a sense of personal enrichment and achievement.

IF YOU CAN HELP, OR KNOW OF SOMEONE WHO NEEDS OUR HELP, CALL US TODAY AT OUR 24-HOUR

"READING LINE"
566-4490

OR

CONTACT YOUR LOCAL COUNCIL

FOCUS OF SERVICE/MANDATE:
Vocational assessments; employment counselling and training

NAME: Work Adjustment Training Program

CONTACT: Phil Corsi, Coordinator
Charlottetown; or
Greg MacDonald, Coordinator
Summerside

ADDRESS: 390 University Avenue, Charlottetown or
328 Notre Dame St., Summerside

TELEPHONE: Charlottetown 566-2811
Summerside 436-5739

AGE RANGE: 17-65

GENDER: Male and female

AREA SERVED: Charlottetown and Summerside areas

REFERRAL SOURCES: All referrals for vocational assessments, employment counselling and training are to be made by employment counsellors, Canada Employment Centres.

APPROPRIATE CLIENT: Unemployed persons with special needs as assessed by employment counsellors with a Canada Employment Centre.

NATURE OF PROGRAM/SERVICES PROVIDED: - Vocational counselling and training, including work habits, life skills and personal counselling.
- Vocational assessments including assessment of academic skills, vocational interests/aptitudes, etc.
- Maximum length of program is 16 weeks.

WAITING PERIOD: 2-4 weeks

CAPACITY: 11 seats in Summerside; 13 seats in Charlottetown

REFERRAL GUIDELINES/ADMISSION CRITERIA:
Must be referred by employment counsellor with Canada Employment Center.
Must be 17 years of age or age 16 and out of school for one year.
No alcohol/drug abuse for 4-6 months prior to entry.
Must be established in a community living situation.

COST TO CLIENT/REFERRAL AGENCY: Nil; all seats sponsored by Canada Employment; training allowance provided.

FOCUS OF SERVICE/MANDATE: Employment Preparation Program for severely employment disadvantaged.

NAME: Tourism Employment Preparation Program

CONTACT: Mary Driscoll

ADDRESS: 25 Queen Street
P.O. Box 2050
Charlottetown, P.E.I.
C1A 7N7

TITLE: Director

TELEPHONE: 566-5008

AGE RANGE: Age 16 or over.

GENDER: Male and female

AREA SERVED: Province

REFERRAL SOURCES: All referrals must come through an Employment Counsellor with a Canada Employment Center.

APPROPRIATE CLIENT: Any individual from any area of P.E.I. who can be considered severely employment disadvantaged (viz. an individual who has shown significant difficulties in either finding or maintaining employment or who has one or more recognized barriers to employment).

NATURE OF PROGRAM/SERVICES PROVIDED: Fourteen (14) - seventeen (17) week employment preparation program consisting of life skills training; work skills training; supervised job placement/work experience in various areas of the province; counselling and job search training.

WAITING PERIOD: Intakes are conducted annually, usually during the month of May; however, the Director is prepared to discuss suitability/eligibility of prospective clients at other times during the year.

CAPACITY: 50

REFERRAL GUIDELINES/ADMISSION CRITERIA
- All referrals must be made by an Employment Counsellor with a regional/local C.E.I.C. office;
- Prospective client must be at least 16 years of age.

COST TO CLIENT/REFERRAL AGENCY: Nil; if accepted within program the participant/client is responsible for travel to and from work site; however, the program operates on a "wage based model" providing at least the minimum hourly wage for participants.

FOCUS OF SERVICE/MANDATE: Training program for unemployed youth

NAME: Job Entry Program
Greater Charlottetown Area
Chamber of Commerce

CONTACT: Ernie Doiron

ADDRESS: 115 Queen Street
P.O. Box 67
Charlottetown C1A 7K2

TITLE: Managing Coordinator

TELEPHONE: 892-3424

AGE RANGE: 16 - 24

GENDER: Male and female

AREA SERVED: Greater Charlottetown area

REFERRAL SOURCES: Employment Counsellors with Canada Employment Centre, Charlottetown.

APPROPRIATE CLIENT: Any young person who is experiencing difficulty making the transition from school into the labor market or requiring assistance in identifying a career or obtaining work experience.

NATURE OF PROGRAM/SERVICES PROVIDED: The 22 week program consisting of a combination of eight weeks classroom training and 14 weeks on the job training to assist in making the transition from school into the labor market. The program provides participants with training in several areas such as life skills, communication, interpersonal skills; math; english; employer-employee expectations; orientation to computers and typing.

WAITING PERIOD: Program operates from late September to June; start dates can vary; usually two intakes (one in fall and second in early winter).

CAPACITY: 20 students per intake.

REFERRAL GUIDELINES/ADMISSION CRITERIA:
- All referrals through an Employment Counsellor, Canada Employment Centre, Charlottetown.
- Age restrictions: 16 - 24;
- Must be out of school for at least three months;
- Must be unemployed and having difficulty to find employment;
- Must not possess a post secondary degree or diploma.

COST TO CLIENT/REFERRAL AGENCY: Nil; a training allowance is provided depending upon the circumstances of student. For further information, contact the Managing Coordinator or Canada Employment Centre, Charlottetown.

FOCUS OF SERVICE/MANDATE: Employment Preparation Program for the severely employment disadvantaged.

NAME: Job Entry Program
Construction Association of P.E.I.

CONTACT: Elliot Deighan

ADDRESS: 40 Enman Crescent
P.O. Box 728
Charlottetown C1A 7L3

TITLE: Director

TELEPHONE: 566-1221

AGE RANGE: Age 16 and over.

GENDER: Male and Female

AREA SERVED: Province.

REFERRAL SOURCES: Canada Employment Centers; (note - all referrals must come through an Employment Counsellor who determines eligibility of client).

APPROPRIATE CLIENT: Any individual who is considered employment disadvantaged (viz. experiences difficulties in either obtaining or maintaining work).

NATURE OF PROGRAM/SERVICES PROVIDED: Employment counselling;
The Program consists of: one week of orientation (general introduction to program); second week general orientation to training; 12 weeks of work experience with an employer to be followed by 3 weeks in a "job finding club", if necessary.
Types of work experience include construction; clerical; janitorial; painting; secretarial; data entry; etc.

WAITING PERIOD: The program runs for 17 weeks each year. Three intakes are held annually (2 in Charlottetown for residents of Central and Eastern P.E.I. and one in Summerside for Prince County residents).

CAPACITY: 50 individuals in total.

REFERRAL GUIDELINES/ADMISSION CRITERIA:
- Must be considered severely employment disadvantaged;
- All referrals are made by Employment Counsellors with Canada Employment Centers who determine client's eligibility;
- Contact Director to determine whether a client might be eligible;

LIMITATIONS/RESTRICTIONS: Contact Director for further information.

COST TO CLIENT/REFERRAL AGENCY: Nil; clients receive the minimum hourly wage during the initial 2 weeks of program (orientation and training) and a slightly higher wage for the remaining weeks of program (weeks 3 - 14).

Construction Association of P.E.I.
P.O. Box 728
Charlottetown
Prince Edward Island
C1A 7L3

Phone (902) 566-1221

Job Entry Program

INFORMAL PROGRAM FACT SHEET

PARTICIPANTS

- will be employed for up to 12 weeks with C.A.P.E.I. members (depends on success of participant and opportunity for placement after program)
- jobs range from clerical, sales and service, stockroom, warehouse, landscaping, construction, floral design, deliver, electrician's helper, plumber's helper, welder's helper.
- two week orientation and work skills training sessions to be held at Holland College, (areas are communications and training in skills related to the activities to be done on the job)
- start up dates: May 1, May 15 in Charlottetown, Mayy 22 in Summerside

EMPLOYERS

- all employers are members of the Construction Association
- employers agree to provide a 12 week supervised job placement
- employers contribute 25% of the employees wages, to the project office (employers do not pay employees directly)

COUNSELLOR

- will be out each week to visit participants on the work site
- the counsellor will work out any concerns on the job with the participant and employer and is available to both anytime

C.E.I.C. & C.A.P.E.I.

- joint fund and oversee the project
- sponsor the project because of their interest and concern for unemployed youth on Prince Edward Island

PAYROLL

- participants will be paid on a weekly basis, based on hours on time sheet, signed by participant and employer
- *Orientation = 30 hr. X $4.50 = $135.00
- wages are $4.65 per hour for a maximum of 40 hours per week with vacation paid on each cheque; a participant can expect to make $193.00 (approx.) before deductions
- the employer will pay the participant directly for any overtime worked

SAFETY EXPECTATIONS

- vary from position to position

FOCUS OF SERVICE/MANDATE: Vocational and employment training for individuals with mental retardation.

NAME: Tremploy Inc.

CONTACT: Brian Landry

ADDRESS: Enman Crescent
P.O. Box 936, Charlottetown
C1A 7M4

TITLE: Director of Training or Stephen Dennis, Executive Director

TELEPHONE: 892-5338

AGE RANGE: Age 18 and over (Preferably over 21)

GENDER: Male and female

AREA SERVED: Queen's County

REFERRAL SOURCES: Self; families; Regional Offices of Dept. of Health and Social Services; Canada Employment Centres; etc.

APPROPRIATE CLIENT: An individual with a diagnosis of mental retardation.

NATURE OF PROGRAM/SERVICES PROVIDED: Vocational assessments and employment training and placement.

WAITING PERIOD: Based on individual need; usually within 6 months.

CAPACITY: Approximately 100 individuals.

REFERRAL GUIDELINES/ADMISSION CRITERIA:
- Application forms to be completed;
- Interview with Admissions and Discharge Committee required.

LIMITATIONS/RESTRICTIONS: Must be diagnosed with mental retardation as the primary diagnosis.

COST TO CLIENT/REFERRAL AGENCY: Nil; subsidized training positions.

NOTE: Definition of Mental Retardation - significantly sub-average general intellectual functioning (below I.Q. of 69) existing concurrently with deficits and adaptive behaviour (i.e. an individual shows a lack of coping skills in comparison with someone of their age) and having an onset during the developmental period (age 0 - 18).

FOCUS OF SERVICE/MANDATE:
Matching of children to adult volunteers for companionship

NAME: Big Brothers - Big Sisters of P.E.I.

CONTACT: Yvonne Cartner

ADDRESS: 200 Richmond Street
P.O. Box 2946
Charlottetown, P.E.I.
C1A 8C5

TITLE: Executive Director

TELEPHONE: 892-5979

AGE RANGE: Ages 6 - 16

GENDER: Male and female

AREA SERVED: Charlottetown, Summerside and Montague areas.

REFERRAL SOURCES: Parent of child; schools; Social Services; other agencies, etc.

APPROPRIATE CLIENT: Children from a single parent family that could benefit from the companionship of a volunteer.

NATURE OF PROGRAM/SERVICES PROVIDED: Match children from single parent families to a volunteer of the same sex with the objective of forming a one-to-one relationship that will provide friendship to a child.

WAITING PERIOD: Varies with community and needs of the child. For further information contact Executive Director.

CAPACITY: Depends upon availability of volunteers for matching.

REFERRAL GUIDELINES/ADMISSION CRITERIA: Call Executive Director for further information.

LIMITATIONS/RESTRICTIONS: Call Executive Director for further information.

COST TO CLIENT/REFERRAL AGENCY: Nil

NOTE: Big Brothers - Big Sisters of P.E.I. are initiating a program to match volunteer couples with a child from a single parent family. Such matches would be explored in the case of children/youth who may have special needs that could require resources (time, energy, etc.) beyond what one volunteer could realistically provide.

FOCUS OF SERVICE/MANDATE: Preventive Social Service, leisure and recreational programs.

NAME: Boys & Girls Clubs of P.E.I.

ADDRESS:

Regional Office - 364 Notre Dame St. Summerside	436-9403
Tignish Club - 302 School St., Dalton Centre, P.O. Box 394	882-3567
Wellington Club (seasonal April 1 - Oct. 1) Wellington Station	854-3174
Summerside Club - 364 Notre Dame St., P.O. Box 69	436-9403
Charlottetown Club - 126 Kent St.	892-1817
Montague Club, Main St. E., P.O. Box 751	838-2649

CONTACT: Provincial Coordinator at Regional office or Executive Director of a particular club.

AGE RANGE: 7 - 18 years.

GENDER: Male and female

AREA SERVED: Province through the local clubs located in the areas identified above.

REFERRAL SOURCES: Self; families; Social Services; Probation Services; schools; other agencies, etc.

APPROPRIATE CLIENT: All youth within the age group identified.

NATURE OF PROGRAM/SERVICES PROVIDED: Leisure programs and services; recreational programs; social programs (i.e. alcohol/drug awareness programs, etc.); educational programs (i.e. tutorial, etc.).
NOTE: programs/services vary between clubs.

WAITING PERIOD: Nil.

REFERRAL GUIDELINES/ADMISSION CRITERIA:
- Youth must be within the age group specified;
- Must be willing to abide by the rules and regulations;
- Membership is open to any youth, regardless of socio-economic status.

COST TO CLIENT/REFERRAL AGENCY: Membership to belong to a club is currently $5.00 annually; however, this fee can be waived depending upon the financial resources of the youth and/or family.

NAME: P.E.I. Citizen Advocacy Inc.

ADDRESS: 171 Hillsborough Street
P.O. Box 280
Charlottetown, P.E.I.
C1A 7K4

TELEPHONE: 566-3523

AGE RANGE: All ages

AREA SERVED: Province

FOCUS OF SERVICE/MANDATE: Support service to individuals with mental handicaps

CONTACT: Cindy Bryenton

TITLE: Executive Director

GENDER: Male and female

APPROPRIATE CLIENT: Persons diagnosed as having a mental handicap and in need of community support

NATURE OF PROGRAM/SERVICES PROVIDED: Matches a mentally handicapped individual with an advocate (volunteer) to help ensure continued support to remain in the community

REFERRAL GUIDELINES/ADMISSION CRITERIA: Contact Executive Director

LIMITATIONS/RESTRICTIONS: Contact Executive Director

COST TO CLIENT/REFERRAL AGENCY: Nil

Form RI-3

FOCUS OF SERVICE/MANDATE:
Advocacy and Community Support Services for Intellectually Handicapped Individuals

NAME: P.E.I. Association for Community Living

CONTACT: Ian MacLean

ADDRESS: 171 Hillsborough St.
P.O. Box 280, Charlottetown
C1A 7K4

TITLE: Executive Director

TELEPHONE: 566-4844

AGE RANGE: All ages

GENDER: Male and Female

AREA SERVED: Province wide through local branches in Souris, Montague, Charlottetown, Summerside, O'Leary and Tignish

APPROPRIATE CLIENT: Individuals with an intellectual handicap.

NATURE OF PROGRAM/SERVICES PROVIDED:
Refer to information on reverse.

WAITING PERIOD: Not applicable.

REFERRAL GUIDELINES/ADMISSION CRITERIA: Refer to information on reverse.

LIMITATIONS/RESTRICTIONS: Only provides services to individuals with intellectual handicaps or support services to families with an intellectually handicapped member.

COST TO CLIENT/REFERRAL AGENCY: Nil

THE HUMAN CONDITION

An intellectual or mental handicap is a condition where a person's learning abilities have been made impaired and he or she may have difficulty adapting to the demands of daily life. But like everyone else, a handicapped person has the capability to learn. Most of us know someone — a neighbour, a friend or a family member — who has a mental handicap. In fact 3% of the population 640,000 people in Canada, have a mental handicap.

WHAT IS PEIACL

The Prince Edward Island Association for Community Living is a non-profit organization of volunteers backed by professional staff. Our membership includes people with mental handicaps, parents, friends and professionals in the field.

Formerly known as the Association for the Mentally Retarded, PEIACL was organized by parents over thirty years ago to improve the quality of life for all Islanders with a mental handicap.

PEIACL is part of a national network of more than 400 local, provincial and territorial associations. The Canadian Association for Community Living, with it's technical research branch, the G. Allan Roeher Institute, provides up to date information, resource materials and trained staff when required.

WHAT DOES PEIACL DO?

PEIACL works on the Provincial and Local levels to:

- Make the public more aware of the needs and potential of people with a mental handicap.
- Offer guidance, information and referral for those in need of support.
- Promotes appropriate residential, vocational, educational, recreational and other services.
- Encourages progressive government legislation and policy.
- Reminds the public that citizens with a mental handicap are entitled to a full range of human and civil rights.
- Helps to make the public aware of the precautions that can be taken to help prevent mental handicaps.
- Provides resource people in various fields via government grants and projects.

ADVOCACY SERVICES

Advocacy means making the system work for the people — it is a way of trying to solve problems. We respond to the needs and concerns of the handicapped and their families by bringing together available community resources and, when appropriate, by stimulating the growth of new services.

PEIACL does not operate these services as this would lead to conflicts of interest and compromises in our important advocacy role.

The Association's work includes negotiation with government and service organizations, affecting legislative action and teaching others to advocate for themselves.

COMMUNITY SERVICES

— Information and Referral

Handicapped individuals and their families often need information that is difficult to locate. Our Provincial Office and a Resource Centre has access to a wealth of helpful information.

— Community Education

PEIACL sponsors training sessions and community forums on issues relating to mental handicaps. We also provide schools and agencies with speakers from our organization.

— Government Affairs

PEIACL keeps abreast of new legislation, policies and budget allocations which have an impact on people with mental handicaps. We work with legislators to foster a better understanding of the needs of these citizens.

— Family Support

As an organization founded by parents, PEIACL recognizes the value of family members sharing experiences and resources. We can refer interested persons on to a parent support group — "Pilot Parents" or on to other resource groups.

— Public Education

PEIACL knows that the greatest barrier a handicapped person has to face is the attitude of others. By promoting public awareness and realistic community attitudes, handicapped people will be more readily accepted as classmates, neighbours, co-workers and employees.

— Prevention

With over 250 known causes, mental handicaps are the most prevalent of all child disabilities, handicapping twice as many children as cerebral palsy, rheumatic heart disease and blindness combined. We know however that an estimated one half of all cases can be prevented with current knowledge.

FOCUS OF SERVICE/MANDATE:
Advocacy and referral service
for learning disabled and families

NAME: Learning Disabilities Association of P.E.I.

CONTACT: President

ADDRESS:

Resource Library:
200 Richmond Street
P.O. Box 1081
Charlottetown, P.E.I.
C1A 7N8

Office:
42 Great George St.
Room 306
Charlottetown, P.E.I.

TELEPHONE: 892-9664

AGE RANGE: All ages

GENDER: Male and female

AREA SERVED: Province

REFERRAL SOURCES: Self; families; schools; other agencies; etc.

APPROPRIATE CLIENT: Person diagnosed or suspected of having a learning disability; refer to further information regarding learning disabilities and the Association printed on reverse.

NATURE OF PROGRAM/SERVICES PROVIDED:
- Advocacy services on behalf of learning disabled and their families;
- Providing service(s) where possible, either by way of direct service or referral;

WAITING PERIOD: Services provided on demand.

REFERRAL GUIDELINES/ADMISSION CRITERIA: For additional information refer to the information on reverse or contact the Association office.

COST TO CLIENT/REFERRAL AGENCY: Nil

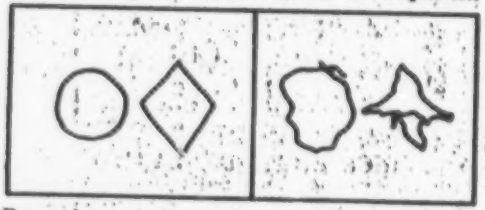
The Child With Learning Disabilities

Who Is He?

He is the child who "can't seem to learn" in school despite the fact that he has apparently average or better intelligence, normal vision and hearing, and a happy secure home. He may be impulsive, hyper-active, easily frustrated and distractible; or he may be passive, lethargic and unmotivated.

Because he is an intelligent child he soon realizes that he is different; this can lead to emotional problems, frustration and discipline problems. He is a perceptually disabled child who does not receive and evaluate the messages of his sensory organs in the normal way, even though these organs may be unimpaired. As an example, he may see the word "saw" as "was."

Difficulty in copying geometric figures such as these in a 7 year old may suggest impaired or immature perceptual development.



Reversing words, letters or numbers may indicate a problem in visual perception.

How Is The Child Recognized?

The nature of his handicap may not be readily apparent at all and so he may be labeled as immature, a slow learner, lazy, a trouble maker, emotionally disturbed, retarded, or by other terms which do not even come close to describing his condition. The early recognition of the child is very important, as he requires special management at home and in school if he is to develop to his highest potential.

His Characteristics Are:

1. He has average or above average intelligence.
2. He has definite learning disabilities — generally in reading, arithmetic, spelling or writing.
3. He has coordination problems. He may be clumsy, awkward, or have difficulty writing or drawing.
4. He has a short attention span, is unable to concentrate on one activity for very long, and is easily distracted.
5. He may have poor hand-eye coordination, some speech impairment, and laterality problems, which means that he has trouble with left-right distinction.
6. He may be extremely active, high-strung, over-sensitive, easily frustrated, and impulsive. Or he may be just the opposite: under-active and even-tempered.

He may not have all of these signs. Each child is different; but many of these signs are observed in the child.

PRINCE EDWARD ISLAND ASSOCIATION FOR CHILDREN WITH LEARNING DISABILITIES

The P.E.I.A.C.L.D. is comprised of parents, professionals, and other interested persons dedicated to the advancement of education and general well-being of children and youths of normal or potentially normal intelligence, who have learning disabilities of a perceptual, conceptual nature or related problems. We hope to promote the understanding, education, and research so necessary to these children.

The goal of P.E.I.A.C.L.D. is to help bring awareness of these problems to parents, teachers and society in general. We wish to help the child attain the fullest medical, social, educational, and vocational adjustment possible, so that he may have an opportunity for total self-realization, to enable him to achieve dignity through his abilities and accomplishments.

What Can a Parent Do?

If you suspect that your child may have a learning disability:

1. Discuss your concern with his teacher, his principal, and with your family doctor or paediatrician.
2. Contact the Prince Edward Island Association for Children With Learning Disabilities for help in understanding your child's problems and for guidance from other parents in making the best use of the resources of your family and your community to help your child overcome his handicap.

FOCUS OF SERVICE/MANDATE:
Services to Physically Disabled

NAME: P.E.I. Council of Disabled Inc.

CONTACT: Anne Lie-Nielsen

ADDRESS: 164 Richmond Street
P.O. Box 2128
Charlottetown, P.E.I.
C1A 7N7

TITLE: Executive Director

TELEPHONE: 892-9149
Toll Free: 1-566-1919

AGE RANGE: All ages.

GENDER: Male and female.

AREA SERVED: Province.

REFERRAL SOURCES: Self; family; friends; physicians; Canada Employment Centers; other agencies; etc.

APPROPRIATE CLIENT: Any resident of P.E.I. who experiences an impairment of function resulting from a disabling condition such as epilepsy; paralysis; lack of coordination; amputation; partial or complete loss of hearing or sight; speech impediment; or any type of reduced mobility.

NATURE OF PROGRAM/SERVICES PROVIDED:
Outreach employment program job and career counselling, employment referrals;
Information accumulation reference guide of provincial organizations serving disabled persons;
Resource library; general information; referral service;
Administer "reserved parking for mobility limited persons" program;
"Accessibility" program.

REFERRAL GUIDELINES/ADMISSION CRITERIA: Contact Executive Director for further information and/or to discuss a referral.

COST TO CLIENT/REFERRAL AGENCY: Nil; membership dues to belong to the Council are nominal.

FOCUS OF SERVICE/MANDATE: Provides a range of services to persons of native ancestry living on Lennox Island.

NAME: Lennox Island Band

CONTACT: Chief Jack Sark

ADDRESS: P.O. Box 134
Lennox Island, P.E.I.
COB 1PO

TITLE: Chief of Lennox Island Band

TELEPHONE: 831-2779

AGE RANGE: All ages

GENDER: Male and female

AREA SERVED: Lennox Island

REFERRAL SOURCES: Self; family; community agencies; etc.

APPROPRIATE CLIENT: Aboriginal people who are residents of or will be residents of Lennox Island.

NATURE OF PROGRAM/SERVICES PROVIDED: A wide range of services are provided directly through the Band Council Office or through arrangements made with agencies/organizations in the province such as:

- Social Services, including financial assistance; family and individual counselling;
- Range of educational services;
- Alcohol and drug program;
- Housing programs;
- Employment placement as required;
- Mental health services (through Community Mental Health, Summerside who visit 1/2 day per week).
- Other services as required and appropriate.

REFERRAL GUIDELINES/ADMISSION CRITERIA: Individual must be a resident of or plan to reside on Lennox Island; Contact the Band Council Office for further information.

COST TO CLIENT/REFERRAL AGENCY: Services provided by the Lennox Island Band Council without cost to eligible residents of Lennox Island.

FOCUS OF SERVICE/MANDATE:
Provides a range of services to assist persons of native ancestry who live off reserves.

NAME: Native Council of P.E.I.

ADDRESS: 33 Allen Street, Charlottetown, C1A 2V6

TELEPHONE: 892-5314

CONTACT: Graham Tuplin, President
Ms. Rikki Shock, Coordinator, Native Outreach Program
Ms. Charlotte Bernard, Coordinator, Native Alcohol and Drug Abuse Program
Mr. George Paul, Coordinator, Transition House
Ms. Jacqueline Ellsworth, Manager, Housing Program

AGE RANGE: All ages

GENDER: Male and Female

AREA SERVED: Province

REFERRAL SOURCES: Self; family; community agencies; etc.

APPROPRIATE CLIENT: Aboriginal people/natives who do not reside on a reserve.
Note: Services to residents of Lennox Island, Scotchford and Rocky Point Reserves are provided through appropriate Band Council office.

NATURE OF PROGRAM/SERVICES PROVIDED: Social, employment, educational and housing opportunities/services through the following programs:
1) Native Outreach Program - assists in finding employment; identifying training needs and opportunities; advocates for employment development programs, etc.
2) Native Alcohol and Drug Abuse Program - provides services and support to persons with alcohol and/or drug problems.
3) Transition House - provides accommodation until a person can re-establish in a community.
4) Housing programs - assist with a range of housing needs including rental accommodations, home repairs, etc.
5) Communication Program - through newspaper "Gigmanag".

REFERRAL GUIDELINES/ADMISSION CRITERIA: Contact appropriate Coordinator/Manager for further information.

LIMITATIONS/RESTRICTIONS: Contact appropriate Coordinator/Manager for further information.

COST TO CLIENT/REFERRAL AGENCY: Services provided by Native Council without cost to eligible natives residing "off-reserve".